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VOL. XX

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No. 5

ORIGINAL ARTICLES

RESPONSIBILITY FOR STATEMENTS AND CONCLUSIONS IN ORIGINAL ARTICLES

The author of an article appearing in the JOURNAL is entirely responsible for all statements and conclusions. These may or may not be in harmony with the views of the editorial staff. Furthermore, authors are largely responsible for the language and method of presenting their subjects. All manuscripts will be carefully read, but editorial privileges will be exercised only to a very limited extent. It is believed that the manner of presentation of any subject by any author determines to no small degree the value of his conclusions. Therefore, both the author and the reader, in our opinion, are entitled to have the subject as presented by the author as little disturbed as possible by the editors. However, the right to reduce or reject any article is always reserved.

A STATEMENT OF THE PROBLEMS OF INDUSTRIAL MEDICINE IN CALIFORNIA

By GEORGE W. GOODALE, M. D., San Francisco

There are two distinct factors in industrial medicine which threaten the welfare of the medical profession and the efficiency of this service to the public:

First—The existing dissatisfaction of the medical profession with the present status of industrial medical practice, with the possibility of internal strife arising disastrous to our State organization.

Second—The existing economic warfare of insuring companies threatening the almost inevitable sacrifice of the medical profession on the altar of business economy.

The existing dissatisfaction of the medical profession regarding the present status of industrial medicine is due to various causes:

(a) The average physician cannot understand why he cannot treat a patient who is one of his clientele for industrial injuries, and he cannot understand why the ordinary rules of professional etiquette for private practice do not apply to industrial cases. Consequently, he is subject to all the irritation that occurs when one thinks that one's personal rights are being trampled upon unjustifiably. A great deal of this condition exists on account of the ignorance of the average physician regarding the details of the Compensation Law. He has little, if any, knowledge of what constitutes, under the Compensation Law, the rights of the physicians, the patient, the employer and the insurance companies, and, consequently, has no proper standard to guide his own actions.

(b) A great deal of dissatisfaction in the medical profession arises from the experience of physicians who only occasionally handle industrial cases, both at the amount of remuneration received and the treatment accorded them by insurance companies.

They feel that as physicians they must render emergency aid whenever or wherever asked, and feel keenly the injustice of being paid a paltry sum for work that was unsolicited and undesired, and only performed because their duty as a physician required them to act. This condition is largely due to an impractical fee schedule which takes no cognizance of varying classes of physicians or of varying degrees of service.

The dissatisfaction with the treatment received is largely due to the lack of knowledge upon the part of the physicians of what is required by insurance companies in carrying out the detailed administration of the law. The insistence that the physician follow certain set rules of procedure and reporting is often the foundation for misunderstanding between the physician and the insurance company.

(c) The next cause of dissatisfaction is limited to a relatively small portion of the profession. The cause of this is the inability of many surgeons, who desire industrial work, to obtain it. These physicians would like to be put upon the special panels of the companies, and, failing in this, would like to have panels abolished altogether.

In the eight years since the inception of the Compensation Law, the medical work of the companies has settled into definite channels, and physicians seeking this work find it very difficult to change it. The complaints arising from this condition, while undoubtedly from the smallest number, are also undoubtedly the loudest and most persistent.

Let us next consider the economic warfare of insuring companies and in what manner this threatens the welfare of the medical profession. In analyzing any problem, whether it be business, political or medical, and this problem embraces all three, motives and trends are more important than individual statistics.

In the beginning, the importance of the Compensation Law to the medical profession was hardly thought of and certainly not appreciated. At that time the persons vitally interested were employers, employes and lawyers. The enactment of the law was largely the result of revolt fostered by labor unions, and sustained by public opinion, against the old liability law and the very serious wrongs that were inflicted upon injured employes by employers and insurance companies. The motive of these wrongs was an economic one.

The law provided certain penalties against employers, which the employer met by transferring his obligations to an insurance company. The insuring company which survived was one able to quote the lowest rates for insurance. The one

who could administer his business the cheapest could give the lowest rates, and, consequently, got the business. Successful companies retained lawyers on a salary, made collection by plaintiffs as difficult as possible, and paid few claims. This competition crushed the employe, as he was the weakest and least able to protect his rights. The trend at that time was strictly against the laboring man. The motive of the Compensation Law was to save the laboring man and, by numerous safeguards provided in the law, this was accomplished.

The establishment of the Compensation Law was received with varying emotions. The lawyers were disgusted at being deprived of a certain amount of their business. The doctors were divided, some looking upon industrial practice with disfavor, and others ready to give it a fair trial. The insurance companies were disgruntled over the loss of their liability business. However, the attitude of the insurance companies quickly changed as they realized that the field of compensation insurance was much larger than that of liability insurance, and while the percentage of returns was much smaller, the volume more than compensated for its loss.

Shortly after the initiation of the law there was a period chiefly marked by a wild scramble for business. Little attention was paid to service, and most to rates. Irresponsible companies proceeded to cut rates without any thought to ultimate results, and the consequences were that as soon as returns began to come in, losses began to show. One company in particular failed with a great loss to injured employes, and other companies were forced to quit writing compensation insurance. The fight at that time was between what were known as board and non-board companies. The board companies, with few exceptions, held to full rates; the non-board companies wrote at cut rates. To meet this condition of affairs, there was a law passed, called the Minimum Rate Bill, and a board was appointed from insuring companies and State Fund under the direction of the Insurance Commissioner to adjudicate rates and no company was allowed to cut these rates. This, to a large extent, stopped rate cutting. What cutting was done, was done surreptitiously. Not being able to gain business by rate cutting, the companies were forced to appeal for business on the grounds of giving better service.

Now comes the development of another step. The State Compensation Insurance Fund was primarily established to hold in check stock companies so that they would not be able to combine and put through, by concerted action, policies that would be injurious to the best operation of the State Compensation Law. The original intent of the law was not that the State Fund should be a competitor of the companies in the sense of a business competitor, endeavoring to obtain all business possible, but a competitor whose presence in the field would make impossible any injurious practices by stock companies. However, as time progressed, this attitude of the State Fund changed. The common fault of bureaucracy

quickly manifested itself. Bureaus, like individuals and corporations, desire to grow and to aggrandize other fields. The State Fund was not content with simply being a check on the companies and became an active competitor.

Insurance companies are allowed by law to pay a certain percentage to brokers for obtaining business for them. The State Fund, not being considered in the beginning as being created as an active competitor, was forbidden to pay any brokerage fees. This, in certain conditions, would be harmful in business getting, but under certain other conditions it works out quite the reverse. Not having to pay brokerage fees, and not having to pay stockholders' dividends, in an economic race the State Fund had a marked advantage. While the law prohibited the State Fund from paying brokerage fees, it did not prohibit the manager of the State Fund from hiring special agents who supplanted the broker in his special province of contact man with the employers. The salary of special agents, needless to say, was much less than commissions to brokers.

Given a large company, turning back large rebates on premiums, it was inevitable that the company able to do this would get a large proportion of the business, and this is exactly what happened to the State Fund. Not being able to meet these conditions brought about the last shift in insurance conditions. Stock companies forced the adoption of what is known as the "Experience Rating Plan." Instead of a minimum rate, any plant whose experience showed that it had operated at certain compensation costs below the minimum rate was allowed a rate based upon its own experience. This, if carried out correctly, would do away with the advantage of the State Fund, and the companies would be able to quote them a rate that would be as attractive in a business sense as the State Fund could give. The whole proposition amounted to each assured's insurance rate being based upon its own experience rather than upon general experience, which is the common rule in determining insurance rates. This puts the cost directly to the owner, the consequence being at the present time that the company which can operate the most economically stands the best chance to get the business.

There are four factors of importance contributing to the expense of administration of compensation insurance—administration expense, compensation losses, safety engineering, and medical service. Of all these, the medical is the most valuable and the most important.

While, at the beginning of the compensation era, a great deal was said about economics and cheapening of the medical, the real motive which determined the centralization of medical was the need of having the medical business handled in a systematic way. To clear their tables, adjusters were compelled to have physicians who would co-operate.

Another period now arose coincidental with the Minimum Rate Law. This stabilized the business of the stock companies, and their motive then was that of better service. This was reflected in

the medical service, and the physicians or organizations who could give the best service to a large extent dominated the field. This marked the greatest advance in medical service. To obtain the business, it became necessary to give the best of everything: Offices, emergency service, specialists, rehabilitation treatments, X-ray and laboratory work, with the best of clerical and administrative service. This period extended through the boom periods of the war and until the last few months when, with the conflict between the State Fund and the stock companies for business, this has brought about another change. Rebating by the State Fund as a business propaganda, and the Merit Rating System of the stock companies, bids fair to bring about an economic warfare during which the opposing sides will attempt to exploit the services of industrial physicians and surgeons.

To summarize, insurance is now being sold at cost, and whoever reduces the costs gets the business. Administrative expenses are practically stationary and afford little opportunity for saving. Installing of safety apparatus is limited in its field, although it has some bearing. In compensation payments, the injured employee is so protected by the Industrial Accident Commission that little, if any, saving can be made there. The most variable cost, and the place where the most can be done, is the medical, and that is where the axe is bound to fall.

Under the old liability law, the saving was made off the injured employee, and on account of his weakness he was ground between the millstone of economic competition. At the present time it looks as if the medical profession bade fair to take the place of the injured employee in being the grist of the business mill unless in some way it can protect itself. Companies, not necessarily because they desire to, but because they are forced to by competition, will get their medical service as cheaply as possible. Such is the condition that confronts us from the companies' standpoint; on the other hand arises another complication to further embarrass us:

In the beginning of the Compensation Law most physicians took the attitude of sneering at the work and either refusing to do the work or did not endeavor to conform to the necessary requirements, of proper reports. Now a revulsion of feeling has come upon the medical profession.

With the passing of boom times, the medical profession feels the pinch the same as all other lines. Consequently, a great many of them are now very anxious to obtain the work which they at first despised. While at first they had an exaggerated idea of the smallness of the fee, now they have magnified the amounts received by industrial surgeons and are very desirous of participating in this imaginary wealth. The fact that many surgeons are now desirous of obtaining the work makes competition much keener. The economic warfare of the companies under the merit system of rating, and the competition among surgeons for the business, is going to mean, unless

wise and constructive measures are taken, very cheap medical service.

Before attempting to prepare any plan, it is well that we take stock of ourselves. The problem before us is one of economic warfare, and might is superior to right when right is unorganized and unable to defend itself. In this field we cannot command respect unless we have the ability to enforce the same. We must admit that as far as looking out after our own interests is concerned, in the administration of the Compensation Law, the medical profession has not been a success.

The cause of our failure lies, first, in the belated recognition of the importance of the Compensation Law to the medical profession. Second, in the establishment of a special fee schedule, open to all with no conditions attached. Third, in the failure to recognize the fact that we are not dealing with patients, but with centralized medical corporations whose patients number all the workmen in the United States and whose field of action is the whole country. Fourth, a lack of centralized authority, with power to act, to represent the interests of the medical profession in the industrial world. Fifth, the lack of a practical plan by means of which such centralized authority can reward or punish recalcitrant companies and members of the profession.

As to the first cause of failure: Fortunately, the profession have at last been aroused to the importance of the Compensation Act and similar laws. I think that they are now willing to give this subject the consideration it deserves and that the best minds, who have the interest of the profession at heart, are prepared to take any action necessary for our preservation. Without this, it would be impossible to accomplish anything, but with full co-operation we should be able to work out a plan that is both feasible and effective.

The second cause of failure was the adoption of an unconditional fee rate schedule. Having given a schedule open to all companies alike, the Medical Society left itself no means of dealing with individual companies. Fortunately, the original schedule has been raised, leaving us a margin that can be used in drawing up a preferential fee schedule, if we so desire.

Third—Industrial medicine deals, economically, not with patients but with corporations. Rules governing physicians in their relations with private patients are not applicable to physicians in their relations with corporations. Complexities in social organization have so arisen that Hippocrates would be forced to rewrite his celebrated epistle if he wished to cover all points necessary for the guidance of our actions. As the United States has today been forced to a new foreign policy, so today the medical profession is forced to add on additional features if it wishes to protect itself and those it serves.

Fourth—Lack of centralized control. Today the State Medical Society is largely governed as a democracy. True, it has a State organization and a State council, but their authority is extremely limited. The ultimate authority of the Society

rests in county units. While this system has proven itself to be very efficient in the past, it breaks down when confronted with the necessity of dealing with centralized organizations that are not only State but National in their scope of action. Only a centralized authority invested with power can defend itself in controversy with insurance corporations. This centralization of power should eventually be National as well as State. Since the present machinery of our Society does not permit such a centralization, it becomes necessary for us to evolve a plan of government that will meet our needs.

Fifth—At the present time we lack a plan of action to meet special needs in the industrial world.

The needs of the present situation require the evolution of a plan which shall allay dissatisfaction on the part of the general profession, provide a competitive field in industrial medicine open to all physicians of our Society, and protect the profession from being sacrificed in an economic warfare. Evolution of such a plan is, indeed, very difficult. Many varying factors must be taken into consideration; it must be so safeguarded that in helping one we do not injure another, and at the same time the broad policy of acting in a practical way for the good of the whole profession, and not of the individual, must be followed.

When we deal with individuals, whether companies or doctors, concrete facts and not general theories are what count. Without the support of a majority of the insurance companies, it is futile to plan; without almost united support of the medical profession, any plan is bound to be a failure.

(1228 Flood Building)

THE POPULARIZATION OF MEDICAL KNOWLEDGE

By HENRY I. LEVITON, M.D., Los Angeles

In one of last year's issues of the *Journal of the American Medical Association* there appeared a practical editorial commenting on a thesis by the French physician Georges Bourgeau.

Bourgeau takes for his subject "The Relation of the Public Press to Medical Science." He divides his monograph into two headings. The first deals with the laxity of the French law bearing on the quack and the patent medicine manufacturers. The second deals with the unintelligent and unscientific, often distorted, presentation of medical facts in the public press.

My intention is to add to Bourgeau's thesis an appeal for a closer relation between the laity and the medical profession in an attempt to popularize medical knowledge.

In California physicians are confronted with lax and harmful public health laws; are sometimes attacked and insulted in the public press, and they are even accused of preying upon the sick and the dying. Most physicians go about their work without paying any attention to these attacks. In a way, this is the proper manner to act. Silence is golden. But let us not forget that silence is falsely interpreted as an admission of guilt.

Every physician knows that these attacks are wilful propaganda, often based upon ignorance and superstition. Some of it, no doubt, is due to misunderstanding. It is our duty to the public and to ourselves to bridge the chasm incident to this misunderstanding by a bridge of common sense in the form of intelligent dissemination among the people of medical truth by means of the public press.

The day of secrecy, the day of the mysterious in medicine, is as much a thing of the past as the proverbial doctor's stovepipe and whiskers. They belong to the rubbish heap. Affectation in dress and personal appearance, the particular mannerisms and the air of the mysterious that characterized the doctor of yesterday, was probably an asset with our grandfathers. With us it is a liability. It savors of the charlatan. Modern medicine is above board. So must modern doctors be. *The science of medicine is our greatest asset. This science we must endeavor to make accessible to the people; thereby increasing the safeguards to the health of the public and destroying the influence of charlatans.* Medicine is daily becoming a science more definite, more concrete. Therefore its honest and frank exposition is a duty we owe to the public as well as to ourselves. Indeed, medical Evangelism is becoming a national necessity. Medical missionaries are needed right here in our United States as much as, perhaps even more than, in China or Turkey. There is here in our land a movement daily growing more vicious in its attacks upon scientific medicine and national health laws. This evil was pointed out in a recent editorial by the CALIFORNIA STATE JOURNAL OF MEDICINE, which says in part: "Various mental healing methods based upon religion and pseudo psychology are on the increase." This is particularly true of some of the so-called scientific branches of the cultists. Much of this sort of "psychology" literature is thoroughly saturated with propaganda of a vicious type, dealing particularly with dreams and sex. After acquiring a flimsy educational veneer their professors begin to style themselves "psychologists" and "mental efficiency experts," and what not. And a constantly increasing number of them are selling a pseudo medical service to the public under one form or another. In fact, a new species of this sort of spellbinder appears with every issue of the Sunday papers, advertising wondrous magic cures by electricity, massage, water and air, both hot and cold—especially hot.

As every scientifically informed man knows, in the "colleges," in the offices of these spellbinders, in fact, even in the courts and on the floor of our State Capitol, they attack the program of scientific medicine as well as its standard of practice. Indeed, they assault the very citadel of science itself. They attack it with all the blind fury the dark ages attacked Bruno and Galileo.

Nor must it be thought that since science is true it needs no other defenses than its own truth. Truth will endure only so long as it has defenders whose arms are strong. Otherwise it may be trampled in the mire as much as the most vicious lie—even more. The history of the past is shock-

ingly fraught with experiences where truth was most barbarously, most cruelly trampled in the dust, while falsehood was enthroned on a pedestal of gold. And, therefore, there is not the slightest doubt that if these magic healers succeed, all the other learned professions—engineering, agriculture, architecture, etc.—will come next. This question thus deserves the critical attention of every man, not as a matter of protecting a particular group who happen to be indispensable to the welfare of the nation and the race; but as a matter of preserving the most ancient and most noble of all the sciences. The quacks are overrunning the country with their most absurdly senseless health doctrines; and we, the educated guardians of the health and life of the nation, ostrich-like hide our heads in our scientific medical journals, allowing the truth about these vital subjects to remain inaccessible to the public.

The scientific facts of recent medical discoveries are daily being distorted and misrepresented by a certain type of public press—to the detriment of the public. One need not be a physician to be stirred to indignation.

Of all people physicians should be the first to insist that all medical truths be made known to the public. If possible, we ought to see that this is done by means of the public press. This agency should serve as the medium through which medical men may impart to the people the true facts of the latest medical discoveries.

In his monograph Bourgeau mentions that even such authoritative newspapers as the *Paris Matin* handle very carelessly, often even distort almost wilfully, matters pertaining to scientific medicine. Thus what may be termed dangerous handling of some of the most important medical subjects may result in failure on the part of the ailing to seek competent medical advice in time. This in turn results in hopeless protraction of such diseases as syphilis, tuberculosis, and cancer. The patient first tries all the "cures" advertised by the newspaper. When he finally comes to the physician he is in a hopeless condition. Bourgeau cites as an illustration some of the headlines of the *Paris Matin* on this subject, some of which I beg to reproduce here and request the reader to look for similar ones in his own paper:

"Contagion Has Been Abolished in Scarlet Fever"; "The Transfusion of Blood Is a Dangerous Procedure to Donor"; "Arteriosclerosis Vanquished"; "One-Half of Those Who Are Deaf Are Cured by Radium," etc.

All of us remember the sensationalism of the so-called interstitial gland transplantation. The evils of such medical falsehoods are self-evident to the physician.

The only remedy is the popularization of medicine. It should be expounded by medically trained journalists. This will result in a closer understanding between the laity and the medical profession, and will remove the ancient veil of mystery and secrecy. In the comment referred to above, the *Journal of the A. M. A.* states:

"Bourgeau's criticism of the French press applies with equal weight to the press of the United

States. Fortunately, in this country there is at least a beginning of betterment, for a few of the larger and better class papers have recognized the necessity of greater accuracy of this class of reporting and have a trained personnel to cover matters of this sort and insure that the written account may be something more than a fanciful story written by one to whom even the terminology of the subject is an unintelligent jargon."

But to bring about a condition where matters would be at least tolerable physicians must see to it that some of our journalists are trained in the science of medicine and some medical men acquire the art of journalism. This is the only hope we have in popularizing the knowledge of medicine and ridding the world of the pestilential influence of the "healers" who prey upon it in a thousand ways.

(1115 Story Building, Los Angeles.)

POPULAR HEALTH ARTICLES

The League for the Conservation of Public Health is editing and conducting a department for the *San Francisco Examiner* and the *Los Angeles Examiner* devoted to popular health articles written by scientific medical men. The combined circulation of these two papers daily is a quarter-million and the Sunday editions are read by more than a half-million people.

The League has requested us to invite all the members of the State Society to send to the Executive Secretary of the League, Butler Building, San Francisco, timely articles, of about 500 words each, expressing in popular terms some concrete facts or phase of scientific medicine. All the various scientific agencies and methods that are used by scientific medical men to promote and protect health, to combat and cure disease, come within the scope of the articles which are being published in the Better Health Service conducted by the League. As a practical method for popularizing medical knowledge this enterprise of the League merits our fullest co-operation.—[Editor's Note]

TREATMENT OF OAK DERMATITIS CAUSED BY RHUS DIVERSILOBA

By HARRY E. ALDERSON, M. D., San Francisco

Since the articles published by Schamberg,¹ Strickler² and Alderson,³ describing the specific treatment of poison ivy and poison oak dermatitis, there have been many inquiries regarding the use of this substance. As most correspondents ask practically the same questions, this article will serve to answer all of them.

The preparation is not a "serum." It is an alcoholic solution of the toxin of the poison oak plant (*Rhus diversiloba*). It is prepared as follows: A given weight of fresh crushed leaves of *Rhus diversiloba* is covered with absolute alcohol, extracted, filtered and precipitated, and the precipitate dried at low temperature. A given weight of the toxin is dissolved in absolute alcohol and sterile water added. An arbitrary standard is set for the weight of the toxin, volume of absolute alcohol and the volume of sterile water. It is hoped to be able to standardize the preparation soon.

A large quantity was made in this way by George Broemmell, B. S., Ph. G., Ph. C., and its toxicity tested on various laboratory animals. It was found that as much as 3 cc. had no toxic effects aside from the alcohol action on guinea pigs.

It is not a "secret proprietary article," but can

be made by any competent chemist who has access to a supply of fresh poison oak (*rhus diversiloba*) leaves and twigs. It is advisable, however, to try out the newlymade toxin on the guinea pig to determine its toxicity before using any given lot.

We have had no untoward effects. Out of several hundred patients injected only a few have felt faint or nauseated, and in each instance this was due principally to psychological factors. One patient developed hyperesthesia and various other purely nervous symptoms which were due to other causes.

Our greatest success with this substance has been in the treatment of cases of acute dermatitis venenata due to poison oak, but we feel that in many, greatly increased tolerance for the poison has been produced, so that the patients appear to have become immune. As this is not like the immunity produced by bacterial products, it is felt that one should take a course of the toxin every year. This is because tolerance for any chemical poison which is acquired by taking the same in increasing doses gradually wears off (as, for instance, with arsenic, nicotine, morphine, etc.). However, some poison oak patients seem to maintain their tolerance for longer periods than others. This latter observation has been made of those who seem to have "natural immunity." Occasionally those possessing this "natural immunity" lose the same and they at times may show great susceptibility to the effects of the plant. So far no satisfactory explanation of this phenomenon has been found.

It is not claimed that this treatment is invariably successful. We consider, however, that in most cases the results by this method are superior to those that we have seen after any other plan of therapy. The acute symptoms almost invariably subside promptly. Repair of the damaged skin naturally is slower with some individuals than with others. This terminal dry, peeling phase may last several days, but should not be regarded as being part of the active poison oak dermatitis.

Method of treatment in active cases.—With very young children we have not attempted to give the injections, but have administered the more dilute solution by mouth, regulating the dosage according to the usual rules applying to therapy in pediatrics. We have given 0.5 cc. of the toxin intragluteally to children over six years of age with good effect. With older patients from 0.5 to 1.5 cc. are given *intragluteally* and the dose is repeated again in twenty-four hours, and again twenty-four hours later if improvement in the subjective and objective symptoms is not very definite. Usually within forty-eight hours there is great improvement and it is seldom that a third injection is found necessary.

At the same time the following solution is given by mouth until finished:

Rx:

Oak toxin solution.....	4	0
Aromatic elixir q. s. ad.....	90	0

M. Sig.—Begin with gtt. X in water t. i. d. p. c., increasing by one drop each dose until gtt. XX are

being taken. Then take one teaspoonful once daily.

By this method tolerance for the poison may be established. It is recommended that this solution be taken in the manner prescribed once a year. It is hardly necessary to warn against getting the solution into a vein; also it should not be given unless one is sure that the dermatitis is due to poison oak and not to the primrose or other plants, hair dye or other chemical irritants.

¹ Schamberg: Discussion on Eczema, J. A. M. A., 68:87, Jan. 13, 1917. "Desensitization of Persons Against Ivy Poison," J. A. M. A., 73:1213, Oct. 18, 1919.
² Strickler: Jour. Cut. Dis., June, 1918.
³ Alderson: Calif. State Jour. of Med., May, 1921. (240 Stockton Street.)

AN OUTBREAK OF EPIDEMIC JAUNDICE IN NEVADA CITY, CALIFORNIA

By A. H. TICKELL, M. D., Nevada City, Calif.

During the early part of November of last year there occurred in my practice two cases of what then appeared to be catarrhal jaundice. Following these, however, some twenty other cases have arisen, so that it became forcibly impressed on me that an infectious disease was prevailing.

In the Journal of the A. M. A. of January 14, 1922, appears an item regarding suspected epidemic jaundice in New York State, due to groups of suspicious cases in Madison, Oswego, and St. Lawrence Counties. The outcome of the investigation I have not as yet learned.

Dr. Herman of New York City also reports in the Journal of January 28, 1922, that a large number of cases have occurred in that city during the past three months. These reports coincide very closely with conditions existing here.

The infection still persists and new cases are appearing. Age apparently is not a factor as I have had patients as young as five and as old as forty years, the young, however, due to their greater exposure to contact in school and homes, being in the greater number. In homes where two or more children reside, the disease shows a definite tendency to spread from one to the other; the period of exposure to outbreak being about two weeks.

The disease is characterized by sudden onset, abdominal pain, and fever accompanied by chills. The fever continues according to the severity of the cases, which vary greatly. Muscular pains, headache, nasal hemorrhage, severe nausea, enlargement of the liver and spleen, followed often by pronounced general weakness are also usual symptoms. Jaundice appears about the third or fourth day after the onset, with clay-colored stools and bile-stained urine, at times containing blood.

In the Reference Handbook of the Medical Sciences, under the synonym of "Weils Disease," a quite complete history of this disease will be found. The writer, however, describes the conditions as existing in Europe and Japan, stating its occurrence is rare in this country. We must take into consideration the improved living conditions and general hygiene which go far to mitigate the virulence of all infectious diseases, and not be misled when confronted by milder conditions that simulate classical descriptions.

The origin of the infection in this section is obscure, but in all probability it has been brought in by food and spread by rats and mice, as a large proportion of the vegetables and fruits are sent in from the truck farms of the valleys, where foreign and Japanese labor is largely employed.

Treatment has been largely symptomatic, with rest in bed. The initial nausea and tenderness appeared to be controlled by constant hot, moist applications over the region of the gall-bladder. Prognosis has so far been favorable. Prophylactic measures should be taken and all excreta attended to, as in typhoid.

EDITORIALS

THE FIFTY-FIRST ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

This issue constitutes the official convention number of the Journal. It contains the complete program and a very considerable amount of information regarding transportation, hotel accommodations, methods of procedure and other facts that members and visitors will want to know.

Every effort has been made to have the program as complete as it is possible to make a program covering so many subjects. An attempt has been made to arrange the different section meetings so that specialties covering allied fields hold their meetings at different hours. It has not been possible to arrange this to the complete satisfaction of the committee, and constructive criticism from various members and section officers of improvements for the next State meeting will be welcomed. The General Sessions have been so arranged that all members and visitors at the convention may attend without losing opportunity to keep in touch with sections that they are interested in.

Every member and all guests at the convention are requested to submit to the secretary suggestions that will tend to make next year's program better than the one of 1922.

It is particularly requested that all members, guests and visitors register as soon as they arrive in Yosemite. An outline map has been made of the valley, showing the location of headquarters, hotels, convention halls, roads, and the times and places of all meetings. These maps will be at the registration desk and at each of the three information offices.

INFORMATION ABOUT ROADS TO YOSEMITE

An Official Statement by W. H. Lewis,
Superintendent of the Park

A week of clear, sunshiny days has nearly erased all evidence of winter on the floor of Yosemite Valley, and the cottonwoods, the first of the larger deciduous trees to bud, are showing a tinge of green. The bright, warm days have also had their effect on the snows of the high altitudes, whose rapid melting is filling the watercourses and the great waterfalls are booming again after months of little activity. However, the warm weather has been late in coming and the snow in the back country lies deeper and more solidly packed than in many years. The effect will be to retard the opening of motor roads into the park, but this will be in a measure compensated by the lengthening of the water season.

Yosemite goes into this season of "The Open Road" better equipped than ever to care for its tens of thousands of visitors. Additional housing and feeding accommodations will be made available by the park operators, as well as added transportation facilities, both for rail and road travel.

CHIROPRACTIC AND OSTEOPATHIC INITIATIVES

Two surviving members of the "Quack Quartet" will appear on the ballot handed to each voter at the general election November 7. In numerical order they appear as Number 16—the Chiropractic Initiative, and Number 20—the Osteopathic Initiative. If these "Spinalese Twins" were the only measures which the voters had to consider they would be defeated by an overwhelming majority. The people of California have gone on record innumerable times against anti-health legislation. Again and again the people have expressed emphatic approval of maintaining definite legal, educational and moral requirements for those licensed to treat the sick.

But these two pernicious proposals are placed upon a ballot that will contain fourteen constitutional amendments, bond issues, referendums and other initiatives, some involving questions of very vital importance to the welfare of the State. In addition to these, the voters are confronted with selecting from long lists of candidates the ones best qualified to make, interpret and enforce the laws of the State.

Few voters can spare the time to investigate the extravagant claims made by this aggressive Chiro-osteo combination. If those who are informed neglect to co-operate in broadcasting the facts and exposing the vicious character of these two initiatives, it is probable that quackery will win and create a chaotic condition in the field of medical, hospital and health work. But quackery will be more decisively defeated than in previous campaigns if those who should be interested will co-operate with the League for the Conservation of Public Health in this 1922 campaign.

These two initiatives would establish *Cult Boards* devoted to absurd theories that practically repudiate the successful experience of scientific men and reject the demonstrated facts of modern medicine. They are a *public* challenge to our universities and educational institutions, to the organization and administration of all our health departments. If the Chiro-osteo combination is correct, all the appropriations for medical education, all the wealth and work being spent to combat and conquer disease, should be abandoned as wicked waste of money and effort. Tuberculosis, scarlet fever, diphtheria, infantile paralysis, measles, bubonic plague, smallpox, typhoid fever and other reportable diseases cannot be accurately reported or safely treated by Cultists who advertise that "epidemics are produced to make dollars for Doctors," and who maintain that the cause of all disease is invariably subluxated vertebrae, and the method to cure all disease is to adjust said subluxated vertebrae. The value of vital statistics, the virtue of quarantine laws, the efficacy of all preventive measures would be vitiated by practitioners of such unsafe and unscientific theories.

All health departments, State, County and City, all hospitals interested in maintaining scientific standards, all civic and fraternal organizations,

women's clubs, insurance companies and welfare societies that are engaged in various forms of health work, should actively oppose Number 16—the Chiropractic Initiative, and Number 20—the Osteopathic Initiative. If all these agencies are actively interested in defeating Nos. 16 and 20, we can assure them the effective co-operation of the League and every ethical member of the medical profession. A triumph for quackery will not mean a defeat of the medical profession, but it will mean that hospitals, universities, laboratories, health departments and all valuable health agencies will be jeopardized, because you cannot impede the practice and progress of modern medicine without, at the same time, undermining the various agencies and fundamental sciences that the medical profession employs in its worthy work.

SALARIES VERSUS FEES

The office of the State Society is receiving a very considerable number of inquiries as to whether or not it is ethical for a physician to work for a salary or whether all work should be strictly upon a fee basis. The editor is not prepared to answer this question until the Council or the House of Delegates have expressed themselves.

It is interesting, however, to look at a few facts and estimates: It is probable that more than 30 per cent of the licensed physicians of the United States are men who are receiving salary compensation of one sort or another. It is probable that a slightly smaller percentage of the members of the California State Society are also receiving salary compensation. Salaries are paid for full-time work, part-time work, or more or less indirectly as piece work or "for service" compensation. It is, of course, a fact that medical departments of the Army, Navy, U. S. Public Health Service and the medical department of every one of our Federal Bureaus of every description are operated by full-time salaried physicians. Teachers in medical schools and universities receive part-time or full-time salaries. It is also a fact that the vast majority of state and county, city and municipal health officers are paid what amounts to salary compensation, usually for part-time service. A large number of insurance companies of various kinds have medical departments of salaried men, either salaried in full or for part time. Most of the insurance companies have their medical advisory boards in their home offices upon a salary basis for part-time work. The majority of large industrial and commercial organizations—railroads, telegraph companies, industrial plants, lumber companies, mines and similar organizations—have their own salaried personnel constituting their medical departments.

This phase of medical and public health development on a salary basis is increasing everywhere. Transportation lines, railroad companies, and steamship lines employ thousands of physicians on full-time salaries. Many physicians themselves and large numbers of hospitals engage a certain percentage of their assistants on full-time or part-time salaries. Publications, including

newspapers and magazines, employ salaried medical departments. News service bureaus and organizations of one sort or another employ a considerable number of physicians on full-time salaries. Hospital associations, group organizations operated by physicians and by laymen, and similar activities are employing constantly increasing numbers of physicians on salary, and so on through dozens of other activities.

With these facts before us, is it not purely an academic question as to whether or not it is ethical for a physician to work for salary compensation instead of a fee schedule?

MAKING A MOCKERY OF THE LAW

There are about 7000 persons who have passed the legal tests and are authorized by law to practice the healing art in the State of California. There are others who are practicing illegally. Not only is the law passively disregarded in this respect, but the majority of these law violators are open and aggressive in their denunciation of the law and in their disrespect for its provisions. Magazines, newspapers and other circulating media of information carry flaunting advertisements of fake claims from these fraudulent healers who are practicing in open violation of the law. This has become so extensive with such support by some elements of the public press, by officers of the law, that the laws of California are being made a mockery.

No other law, even including the Eighteenth Amendment, is being so widely violated and disregarded as the Medical Practice Act, and these violations are causing more injury to the public and to the lives and health of individual citizens than the violation of all other laws put together.

These law breakers are now asking the people of California to support them in their law violation by making their illegal acts legal.

MORE ABOUT INSURANCE

The recent editorials in the CALIFORNIA STATE JOURNAL OF MEDICINE have aroused extensive interest in the insurance world and are being broadcasted by the hundreds of thousands as reprints published and distributed by various insurance companies.

One result of this publicity has stimulated insurance companies that do not patronize the advertising pages of your own State Medical JOURNAL or other medical journals to increase the volume of their "direct-by-mail advertising." The advertising columns of the CALIFORNIA STATE JOURNAL OF MEDICINE are open to accredited insurance companies. All advertising matter of insurance companies in the columns of your JOURNAL has been submitted to qualified, disinterested insurance specialists and bankers, and no advertisement is accepted by your publication that has not the full endorsement of those competent to judge insurance values.

Our members surely will make no mistake by patronizing insurance or other advertisers who have passed censorship and have purchased space in your own publication.

PROGRAM

THE FIFTY-FIRST ANNUAL SESSION OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA HELD AT YOSEMITE NATIONAL PARK, MAY 15, 16, 17, 18, 1922

OFFICERS AND COMMITTEES, 1922

John H. Graves, San Francisco, President.
H. G. Brainerd, Los Angeles, President-Elect.
Alfred C. Reed, San Francisco, First Vice-President.
Joseph Catton, San Francisco, Second Vice-President.
W. E. Musgrave, San Francisco, Secretary-Editor.
Hartley F. Peart, San Francisco, General Counsel.
Hubert T. Morrow, Los Angeles Assistant General Counsel.
Mr. Celestine J. Sullivan, Managing Editor.
Mr. William H. Barry, Superintendent of Publications.

COUNCILORS

First District—Paul M. Carrington, San Diego (1924)—San Diego, Riverside, Orange, San Bernardino, and Imperial Counties.

Second District—William H. Kiger, Los Angeles (1922)—Los Angeles, Santa Barbara, Ventura and Kern Counties.

Third District—T. C. Edwards, Salinas (1924)—San Luis Obispo and Monterey Counties.

Fourth District—Fred R. DeLappe, Modesto (1924)—Fresno, Kings, Tuolumne, Merced, Mariposa, Madera, Tulare and Stanislaus Counties.

Fifth District—Frank H. Paterson, San Jose (1923)—Santa Clara, San Mateo, San Benito and Santa Cruz Counties.

Sixth District—C. G. Kenyon, San Francisco, Chairman (1922)—San Francisco County.

Seventh District—Edward N. Ewer, Oakland (1923)—Alameda, Contra Costa, San Joaquin and Calaveras Counties.

Eighth District—James H. Parkinson, Sacramento (1922)—Sacramento, Amador, El Dorado, Alpine, Placer, Nevada, Yuba, Sutter, Sierra, Yolo, Butte, Plumas, Lassen, Mono, Inyo, Glenn, Colusa, Tehama, Shasta, Modoc and Siskiyou Counties.

Ninth District—James H. McLeod, Santa Rosa (1923)—Marin, Sonoma, Lake, Mendocino, Solano, Napa, Del Norte, Humboldt and Trinity Counties.

Councilors-at-Large—O. D. Hamlin, Oakland (1922); Rene Bine, San Francisco (1923); George H. Kress, Los Angeles (1923); William T. McArthur, Los Angeles (1923); Saxton T. Pope, San Francisco (1924); C. Van Zwalenburg, Riverside (1923).

COMMITTEES

Committee on Scientific Program—W. E. Musgrave, chairman; Lemuel P. Adams, Oakland (1922); F. M. Pottenger, Monrovia (1923); F. F. Gundrum, Sacramento (1924); Walter V. Brem, Los Angeles (1925).

Publicity Committee—Mr. Celestine J. Sullivan, chairman; Alfred C. Reed, Donald J. Frick, Dewey R. Powell, J. R. Walker, Robert Pollock, Mr. O. Van Wyck, secretary.

Publicity Bureau—Rene Bine, chairman; John H. Graves, C. G. Kenyon, Hartley F. Peart, W. E. Musgrave.

Committee on Transportation and Hotels—Mr. H. H. Hunkins, chairman; James H. Parkinson, Morton Gibbons, Paul M. Carrington, T. C. Edwards, William H. Kiger, Mr. R. E. McCormick, secretary.

Auditing Committee—Rene Bine, Saxton T. Pope.

Committee on Industrial Accident Insurance Work—James H. Parkinson, chairman; John H. Graves, Gayle T. Moseley, Hartley F. Peart, W. E. Musgrave.

Assistant Secretaries for Convention—Edna L. Barney, H. A. R. Kreutzmann, Hans Schiffbauer, William W. Cross, Charles L. Bennett, Harlan Shoemaker, Barton Powell, T. M. McNamara, L. M. Coy, George J. Hall, George P. Worthington, W. E. Bates, Ferdinand Stabel, T. A. Card, Dan H. Moulton, E. P. Cook, W. D. Sansum.

GENERAL HEADQUARTERS AND MEETING HALLS

Diagrammatic map, showing location of various offices and meeting halls, will be distributed at Registration and Information desks. See also diagram, page 158.

(A) Secretary's office—Architect's office in Village.

(B) Registration Bureau—Sentinel Hotel Lobby in Village.

(C) Information offices—Yosemite Porch at Lodge; Sentinel Hotel Lobby in Village; Lobby at Camp Curry.

(D) Consolidated Ticket office—Transportation office at Lodge.

(E) Publicity Committee—Advertising room in Village.

(F) Council Room—Directors room in Village.

1. Convention Hall, seats 800, located in Village.
 2. Church, seats 150, located in Village.
 3. General Store, seats 250, located in Village.
 4. Operating Office, seats 100, located in Village.
 5. Auditor's Office, seats 100, located in Village.
 6. Dining room, Sentinel Hotel, seats 150, located in Village.
 7. Linen room, seats 150, located at Lodge.
- (Letters and figures refer to locations shown on the map.)

GENERAL OUTLINE OF THE MEETINGS

There will be three sessions on Monday, Tuesday and Wednesday, and two sessions on Thursday. Uniform hours for all meetings are provided for: 10 to 12:30; 2 to 4:30 p. m. and 8 to 10 p. m.

The places and time of all meetings are shown in the diagram.

General Sessions—Three general sessions have been arranged so that all persons may attend.

Section on Medical Economics, Education, Public Health and Hospitals—This section is held under the auspices of the League for the Conservation of Public Health. The time of this section meeting is so arranged that all may attend.

Section on Pathology and Bacteriology—Two meetings.
Section on Radiology, Roentgenology and Radium Therapy—Two meetings.

Section on Industrial Medicine and Surgery—Two meetings.

Section on Technical Specialties—This section includes: The California Association of Physiotherapists; The California Association of Radiographers; The California Association of Medical Social Workers; The California Association of Dietitians; The California Association of Laboratory Technicians.

Group of Medical Sections

Section on General Medicine—Four meetings, including one meeting devoted to tuberculosis.

Section on Pediatrics—Three meetings.

Section on Neuropsychiatry—Two meetings.

Group of Surgical Sections

Section on General Surgery—Three meetings.

Section on Eye, Ear, Nose and Throat—Two meetings.

Section on Urology—Two meetings.

Section on Orthopedic Surgery—Two meetings.

Section on Anesthesiology—One meeting.

Section on Obstetrics and Gynecology—Three meetings.

Council Meetings

All meetings of the Council will be held in the Board of directors' room of the Yosemite Transportation Company.

First Meeting—Monday, May 15, at 2 p. m.

Second Meeting—Tuesday, May 16, at 2 p. m.

Third Meeting—Wednesday, May 17, at 2 p. m.

Fourth Meeting—Thursday, May 18, at 2 p. m.

Meetings of the Council With the Presidents and Secretaries of Constituent Societies

There will be two of these important meetings, held in Hall No. 6 (Sentinel Dining Room). All members of the Council and all presidents and secretaries and as-

DIAGRAM SHOWING PLACES AND TIME OF ALL MEETINGS

DATE	HALL 1 Convention Hall	HALL 2 Church	HALL 3 General Store	HALL 4 Operating Office	HALL 5 Auditor's Office	HALL 6 Sentinel Dining Room	HALL 7 Sentinel Dining Porch	GENERAL HEAD- QUARTERS
Monday May 15 10-12:30	General Everybody Invited						This hall is reserved as a meeting place for any groups, committees, councils or other bodies who desire to have space for meetings.	
Monday May 15 2-4:30		General Medicine	Obstet. and Gyn.	Eye, Ear, Nose and Throat	Urology	Tech. Spec. General Meeting		Council
Monday May 15 8-10	House of Delegates			Radiology	Industrial Med. and Surg.	Section Anes- thesiology		
Tuesday May 16 10-12:30	General Everybody Invited					Council and County Officers		
Tuesday May 16 2-4:30	Pathology and Bacteriology	General Medicine	Obstet. and Gyn.	Eye, Ear, Nose and Throat	Ortho- pedic Surgery	Pac. Coast Ass'n of Anesthetists		Council
Tuesday May 16 8-10	State and Co. Officers, Council and Fraternal Delegates	General Surgery	Pediatrics	Neuro- psychiatry	Urology	Pac. Coast Ass'n of Anesthetists		
Wednesday May 17 10-12:30	League Everybody Invited					Tech. Spec. Physio- therapists		
Wednesday May 17 2-4:30	Pathology and Bacteriology	General Surgery	Pediatrics	Neuro- psychiatry		Med. Social Workers		Council
Wednesday May 17 8-10	House of Delegates	General Medicine	Obstet. and Gyn.		Ortho- pedic Surgery			
Thursday May 18 10-12:30	General Everybody Invited					Council and County Officers		
Thursday May 18 2-4:30	Gen'l Med. Tuberculosis	General Surgery	Pediatrics	Radiology	Industrial Med. and Surg.			Council

sistant secretaries of constituent societies are requested to be present at these meetings.

First Meeting—Tuesday, May 16, at 11 a. m.

Second Meeting—Thursday, May 18, at 11 a. m.

Fraternal Meeting of Officers and Representatives of Western States Societies

An informal gathering of the Council and the representatives and fraternal delegates from other Western States for the discussion of problems of mutual interest. All persons included in this group are requested without further invitation to meet in Hall No. 1 (Convention Hall) on Tuesday, May 16, at 8 p. m.

HOUSE OF DELEGATES

The House of Delegates will hold two meetings.

Membership

Councillors—First District, Paul M. Carrington (1924); Second District, William H. Kiger (1922); Third District, T. C. Edwards (1924); Fourth District, Fred R. DeLappe (1924); Fifth District, Frank H. Paterson (1922); Sixth District, C. G. Kenyon (1922); Seventh District, Edward N. Ewer (1923); Eighth District, James H. Parkinson (1922); Ninth District, James H. McLeod (1923).

Councillors-at-Large—O. D. Hamlin (1922), Rene Bine (1923), George H. Kress (1923), William T. McArthur (1923), Saxton T. Pope (1924), C. Van Zwalenburg (1923).

DELEGATES

C. L. McVey
P. S. Nusbaumer
W. H. Strietmann
Dudley Smith
David Hadden
C. A. Dukes

D. H. Moulton

H. L. Carpenter

J. R. Walker
W. W. Cross

Etta Lund Steinegger

Alameda County (6)

L. P. Adams
W. A. Clark
R. A. Glenn
Gertrude Moore
C. W. Page
C. A. De Puy

Butte County (1)

N. T. Enloe

Contra Costa County (1)

L. St. John Hely

Fresno County (2)

J. H. Pettis
Guy Manson
A. B. McConnell

Glenn County (1)

T. H. Brown

DELEGATES

John N. Chain

L. C. House

F. J. Gundry

Donald Frick
Harlan Shoemaker
Granville MacGowan
J. Mark Lacey
Walter L. Huggins
Carl Rand
Raymond G. Taylor
William Bowman
Charles C. Browning
John P. Nuthall
A. S. Granger
Walter V. Brem
W. T. McArthur
Charles L. Bennett
Lyle G. McNeile
C. P. Thomas
J. K. Swindt
F. C. E. Mattison
Charles D. Lockwood
Rolla G. Karschner
Albert Soiland
Eleanor Seymour

Dow H. Ransom

Arthur H. Mays

Harper Peddicord

W. E. Lilley

Henry J. Koenecke

J. C. Crawford

E. E. Ostrum

ALTERNATES

Humboldt County (1)

Imperial County (1)

Eugene Le Baron

Kern County (1)

F. A. Hamlin

Lassen-Plumas Counties (1)

Los Angeles County (22)

Joseph M. King
Forrest C. Swearingen
Carl H. Parker
Wallace A. Reed,
H. H. Heylman
Harriman Jones
F. L. Morgan
Clarence G. Toland
John Mackey
Roland Cummings
Henry B. Lissner
J. G. Lynch
Frank S. Dillingham
A. W. Moore
H. E. Kirshner
A. T. Newcomb
E. A. Newton
J. T. Fisher
Lewis Norton
Percy Magan
Neal N. Wood
Robert V. Day
Rex Duncan

Madera County (1)

Marin County (1)

H. O. Howitt

Mendocino County (1)

Merced County (1)

J. L. Mudd

Monterey County (1)

W. R. Reeves

Napa County (1)

Orange County (1)

Harry E. Zaiser

Placer County (1)

F. E. McCullough

DELEGATES

ALTERNATES

Riverside County (1)	
W. W. Roblee	A. L. Kramkamp
Sacramento County (2)	
E. T. Rulison, Jr.	J. W. James
E. C. Turner	G. N. Drysdale
San Benito County (1)	
Emma E. McKay	T. F. Thorpe
San Bernardino County (1)	
L. M. Coy	E. J. Eytling
San Diego County (3)	
C. M. Hosmer	J. C. E. Nielsen
Thos. Coe Little	J. E. Jennison
John C. Yates	E. H. Crabtree
San Francisco County (15)	
H. E. Alderson	P. K. Brown
W. C. Alvarez	E. I. Bartlett
M. O. Austin	F. B. Carpenter
W. W. Boardman	W. B. Coffey
Leo Eloesser	H. W. Gibbons
G. H. Evans	F. E. Girard
W. S. Franklin	E. F. Glaser
H. P. Hill	J. H. Graves
Sol Hyman	G. E. Ebright
E. S. Kilgore	Frank Hinman
Lovell Langstroth	T. D. Maher
Howard Morrow	H. C. Moffitt
Wm. E. Stevens	Emmet Rixford
V. G. Veckl	G. G. Moseley
C. F. Welty	Harry Spiro
	A. B. Spalding
San Joaquin County (2)	
Barton J. Powell	J. D. Dameron
Margaret Smythe	H. C. Peterson
San Luis Obispo County (1)	
G. L. Sobey	
San Mateo County (1)	
W. C. Baker	F. H. Smith
Santa Barbara County (1)	
R. Manning Clarke	George R. Lutton
	Franklin R. Nuzum
Santa Clara County (2)	
George L. Barry	J. H. Shepard
Clyde Waylap	C. E. Saunders
Santa Cruz County (1)	
P. T. Phillips	E. Lee Birch
Shasta County (1)	
Ferdinand Stabel	Sherman T. White
Siskiyou County (1)	
Solano County (1)	
Robert Dempsey	R. Leachman
Sonoma County (1)	
C. W. Shipley	J. H. Shaw
Stanislaus County (1)	
E. F. Reamer	John Cooper
Tehama County (1)	
Tulare County (1)	
Austin Miller	R. N. Fuller
Tuolumne County (1)	
E. H. Reld	William L. Hood
Ventura County (1)	
B. E. Merrill	
Yolo County (1)	
Yuba-Sutter Counties (1)	
E. E. Gray	John Duncan

FIRST MEETING OF HOUSE OF DELEGATES

Hall No. 1 (Pavilion) Monday, May 15, 8 p. m.

Order of Business

1. Calling to Order.
 2. Roll Call.
 3. Report of President.
 4. Appointment of the Reference Committee by the President.
 5. Report of the Council, by C. G. Kenyon, Chairman.
 6. Report of the Committee on Scientific Program.
 7. Report of the Auditing Committee.
 8. Report of Committee on Expert Medical Testimony.
 9. Report of Committee on Local and State Expenditures for Medical and Sanitary Measures.
 10. Report of Committee on Codification of Constitution and By-Laws of the State Medical Society.
 11. Report of Committee on Industrial Accident Insurance Work (Presented before the general sessions).
 12. Report of the Secretary-Editor, W. E. Musgrave.
 13. Unfinished Business.
 14. New Business.
 15. Reading and Adoption of Minutes.
- Adjournment.

SECOND MEETING OF HOUSE OF DELEGATES

Hall No. 1 (Pavilion) Wednesday, May 17, 8 p. m.

Order of Business

1. Calling to Order.
 2. Roll Call.
 3. Announcement of the Place of Meeting, 1923.
 4. Election of Officers:
 - (a) Election of President-Elect.
 - (b) Election of First Vice-President.
 - (c) Election of Second Vice-President.
 - (d) Election of Secretary-Editor.
 - (e) Election of Councilors:

Second District—Incumbent, William H. Kiger (1922)—Los Angeles, Santa Barbara, Ventura, and Kern Counties.

Fourth District—Incumbent, Fred R. DeLappe (appointed by Council to fill vacancy caused by resignation of D. H. Trowbridge, in accordance of Article V, Sec. 2 of by-laws)—Fresno, Kings, Tuolumne, Merced, Mariposa, Madera and Stanislaus Counties.

Sixth District—Incumbent, C. G. Kenyon (1922)—San Francisco County.

Eighth District—Incumbent, James H. Parkinson (1922)—Sacramento, Amador, El Dorado, Alpine, Placer, Nevada, Yuba, Sutter, Sierra, Yolo, Butte, Plumas, Lassen, Mono, Inyo, Glenn, Colusa, Tehama, Shasta, Modoc, and Siskiyou Counties.

At Large—O. D. Hamlin (1922).
 - (f) Election of Member on Program Committee (four years)—Incumbent, Lemuel P. Adams (1922).
 - (g) Election of one Delegate to A. M. A. (four authorized)—Incumbents: Bert Ellis (1922), Albert Soiland (1922), John H. Graves (1922).
 - (h) Election of one Alternate to A. M. A. (four authorized)—Incumbents: C. Van Zwahlenburg (1922), Edward N. Ewer (1922), E. C. Fleischner (1922).
 5. Report of Reference Committee.
 6. Presentation of President.
 7. Presentation of President-Elect.
 8. Reading and Adoption of Minutes.
- Adjournment.

GENERAL INFORMATION

General headquarters will be at and near the Sentinel Hotel.

The offices of the President, President-Elect, Council and Committees will be at general headquarters.

The office of the State Secretary and Assistant Secretaries will be at headquarters.

A number of assistant secretaries have been appointed for the Convention. Among other duties, one of them will make contact with the chairman and secretary of each section for such assistance with the program and other problems as it is possible to give.

Headquarters of the League for the Conservation of Public Health will be a part of general headquarters.

Registration—The registration desk is located in the lobby of the Sentinel Hotel. All persons, whether members or not, are requested to register as soon as they arrive in Yosemite. Beginning Sunday, May 14, registration secretaries will be on duty daily from 9 a. m. until 4 p. m.

Information—One information desk will be maintained in the lobby of the Sentinel Hotel; one at Yosemite Lodge porch, and another in the lobby at Camp Curry.

Railroad Tickets—The San Francisco and Oakland Terminal lines and the Yosemite Transportation Company will maintain a consolidated ticket office at Yosemite Lodge Transportation office. All questions regarding tickets or transportation should be taken up with this office.

Guests and Visitors—All guests and visitors are requested to register. All scientific meetings are open to visitors and guests.

Badges—Two kinds of badges will be issued by the registration bureau. All members of the State Society will be issued the usual membership badge. A special badge will be issued to all guests and fraternal delegates who are attending the meetings upon official invitation of the Society.

Ribbons for Delegates and Alternates—The usual official ribbon is provided for this purpose and will be issued to all persons authorized to wear it.

Membership Cards—Every member in good standing in the California State Medical Society has been issued an official membership card for 1922. This card may be useful in connection with railroad tickets, and all members are requested to have their cards with them.

Suggestions and Constructive Criticism—The officers and committees have tried to do everything possible to

make the meeting a success. Suggestions and constructive criticism calculated to make future meetings more useful will be welcomed by any of the officers or by the Publicity Committee. Complaints of whatever character should be made to the Publicity Committee.

The A. M. A. Meeting at St. Louis.—All persons desiring to go to the A. M. A. meeting at St. Louis should get in touch with the Committee on Transportation and Hotels at Yosemite Lodge as soon as possible after arrival in Yosemite. If 125 or more desire to make this trip and make their wishes known to the committee before Wednesday at noon, a special train (the California State Medical Society Special) may be arranged for.

Social Program.—No set social program has been arranged. The unusual attractions of Yosemite are believed to make this inadvisable. It is hoped that members and guests will form their own social contacts for sports, dinners, hiking and visits to places of interest. The program has been arranged so as to allow much time for amusement and recreation. There are no meetings before 10 a. m. and none between 12:30 and 2 p. m., and none between 4:30 and 8 in the evening.

Hospital.—The Yosemite Hospital is located near Yosemite Lodge. Dr. Frederick Stein, who is in charge of the hospital, states that physicians and nurses are on duty at all hours.

Bus Line.—The Yosemite Transportation System will maintain an adequate "street car" service between all meeting places of the various sections and the various hotels, including Camp Curry and the Lodge. The fare between any two points is 10 cents.

Press Representatives.—Accredited press representatives are welcome and they will be accorded every possible courtesy. Press headquarters will be in the office of the Committee on Publicity.

Publicity.—All publicity is in the hands of the Publicity Committee. It is requested that all persons having matter of "news" value report it to this committee. It is particularly requested that all "news" about any phase of the convention be given out through the official committee and in no other way.

Exhibits.—After mature deliberation by the Council and the Publicity Bureau it has been decided that no exhibits will be authorized or permitted. Accredited representatives of firms recognized in the advertising columns of the "Journal" and "Better Health" will be accepted as accredited visitors to the convention and authorized to solicit members and guests. All such representatives will be issued cards by the Secretary upon application.

Daily Bulletin.—Mr. W. H. Barry, Superintendent of Publications of the State Society, will publish a daily bulletin during the four days of the meeting. The Bulletin will be issued every morning between 10 and 12:30 during the time the general sessions are holding their meetings. Items for the "Bulletin" should be left with the Publicity Committee or at any information desk.

Social Hosts.—One of our members will be assigned as host to each of our invited guests. These assignments will be made at the Registration Bureau.

Rules Regarding Papers and Discussions at the State Meeting.—Upon recommendation of the Publicity Bureau the following rules regarding papers have been adopted by the Council:

1. The maximum time that may be consumed by any paper is fifteen minutes, provided that not to exceed ten minutes' latitude may be allowed invited guests at the discretion of the presiding chairman.
2. Motions from the floor to extend the time of an author may not be entertained by the presiding officer.
3. The maximum time permitted any individual discussant on any paper is four minutes. This also applies to the author in closing his discussion. No discussant may speak more than once upon the same subject.
4. A copy of each and every paper presented at the State meeting must be in the hands of the chairman or secretary of the section or in the hands of the general secretary before the paper is presented.
5. Manuscript not accepted by the Publicity Bureau for publication in the Journal will be returned to the author as soon as practicable. Authors desiring to publish their paper elsewhere than in the Journal may have their manuscript returned to them upon written request to the State Secretary.
6. No paper will be accepted by the General Program Committee nor by Section Program Committees unless accompanied by a synopsis of not to exceed 50 words.
7. Papers shall not be "read by title."
8. No member may present more than one paper at any one State meeting, provided that members may present additional papers before Sections on Technical Specialties; and provided further, that a member may be a collaborator on more than one paper, if these papers are presented by different authors.
9. Failure on the part of an author to present a paper precludes acceptance of future papers from such author for a period of two years, unless the author explains to the satisfaction of the Publicity Bureau his inability to fulfill his obligation.

GENERAL SESSIONS

JOHN H. GRAVES, M. D., President,
977 Valencia Street, San Francisco.
W. E. MUSGRAVE, M. D., Secretary,
912 Butler Building, San Francisco.

FIRST MEETING

Hall No. 1 (Convention Hall), Monday, May 15, 10 a. m.

1. *President's Annual Address*—John H. Graves, M. D., 977 Valencia Street, San Francisco.
2. *The Contributions of Vivisection to Public Welfare*—Karl F. Meyer, Hooper Foundation, San Francisco.
3. *Women Physicians and the Program of Better Medicine and Better Public Health*—May E. Walker, M. D., Oakland Bank of Savings Bldg., Oakland.
4. *The Problems of Industrial Accident Insurance*—James H. Parkinson, M. D., 1601 I Street, Sacramento.
Report of the Committee of the Council of the State Society, with comments by the chairman.
5. *Some Problems of Medical and Indemnity Defense*—Hartley F. Peart, Humboldt Bank Building, San Francisco.
6. *The Neuropsychiatry Problem*—Walter T. Williamson, M. D., Corbett Building, Portland, Oregon.

SECOND MEETING

Hall No. 1 (Convention Hall), Tuesday, May 16, 10 a. m.

ALFRED C. REED, M. D., First Vice-President,
350 Post Street, San Francisco.
EDNA L. BARNEY, M. D., Assistant Secretary,
Children's Hospital, San Francisco.

1. *The Place of Pathology in the Practice of Medicine*—Walter V. Brem, M. D., Pacific Mutual Building, Los Angeles.
2. *Medical Education of the Present and of the Near Future*—Ray Lyman Wilbur, M. D., Stanford University, Palo Alto.
3. *The Place of the Clinician in Medicine of the Future*—Herbert C. Moffitt, M. D., Schroth Building, San Francisco.
4. *The Diagnostic and Prognostic Value of the Breathing Test*—F. H. McMechan, M. D., Avon Lake, Ohio.
5. *What Is Meant by the Psychoneuroses*—Joseph H. Collins, M. D., 35 W. 54th Street, New York City, New York.
6. *What the General Practitioner Can Do to Improve Maternity Conditions*—Reginald K. Smith, M. D., 391 Sutter Street, San Francisco.

THIRD MEETING

Medical Economics, Education, and Hospitals

This Section is under the auspices of *The League for the Conservation of Public Health*.

DUDLEY SMITH, M. D., President,
Oakland.
W. T. MCARTHUR, M. D., Secretary,
Los Angeles.

GENERAL MEETING

Hall No. 1 (Convention Hall), Wednesday, May 17, 10 a. m.

1. *Progress and Problems of Public Health Work*—Walter M. Dickie, M. D., Secretary California State Board of Health.
2. *Hospital Betterment in California*—Percy T. Magan, M. D., Medical Secretary Seventh Day Adventist General Conference Pacific Coast States.
3. *Insidious Issues of 1922*—Celestine J. Sullivan, Executive Secretary League for the Conservation of Public Health.

4. *The Contribution of Modern Medicine to Commerce*—Hon. John D. Fredericks, President Los Angeles Chamber of Commerce.
5. *Guarding the Health of Our Citizens*—Hon. James Rolph, Jr., Mayor of San Francisco.

FOURTH MEETING

Hall No. 1 (Convention Hall), Thursday, May 18, 10 a. m.

JOSEPH H. CATTON, M. D., Second Vice-President, 209 Post Street, San Francisco.

HANS E. SCHIFFRAUER, M. D., Assistant Secretary, Title Insurance Building, Los Angeles.

1. *Address of President-elect*—Henry G. Brainerd, M. D., Brockman Building, San Francisco.
2. *The Duties of the General Practitioner in the Anti-Tuberculosis Program*—Charles J. Minor, M. D., Asheville, North Carolina.
3. *Medical and Health Programs of Organized Industries*—Walter B. Coffey, M. D., Medical Building, San Francisco.
4. *The Problems and Practice of "Group Medicine"*—Donald J. Frick, M. D., Van Nuys Building, Los Angeles.
5. *Outstanding Features of Recent Progress in Surgery*—George Thomason, M. D., Hollingsworth Building, Los Angeles.
6. *What the General Practitioner Can Do to Improve the Diagnosis and Treatment of Diseases of Children*—Robert Langley Porter, M. D., Schroth Building, San Francisco.

PATHOLOGY AND BACTERIOLOGY SECTION

WILLIAM OPHULS, M. D., Chairman, Stanford Medical School, San Francisco.

ROY W. HAMMACK, M. D., Secretary, Brockman Building, Los Angeles.

FIRST MEETING

Hall No. 1 (Convention Hall), Tuesday, May 16, 2 p. m.

1. Chairman's Address and Secretary's Report.
2. *The Effect of X-ray Upon the Structure and Bacterial Flora of the Tonsils*—F. R. Nuzum, M. D., Cottage Hospital, Santa Barbara.
3. *A Clinical and Pathological Study of Fifty Cases of Hyperthyroidism*—R. B. Hill, M. D., Merchants National Bank Building, Los Angeles.
4. *Germanium Dioxide and Erythropoiesis*—W. T. Cummins, M. D., San Francisco Hospital, San Francisco.
5. *Some Limitations on the Agglutination Reaction in the Identification of Sporulating Anaerobes*—Ivan C. Hall, Ph. D., Berkeley.

SECOND MEETING

Hall No. 1 (Convention Hall), Wednesday, May 17, 2 p. m.

1. Election of Section Officers and Transaction of Other Section Business.
Symposium on Coccidioidal Granuloma
2. *A Report of Cases of Coccidioidal Granuloma with Especial Reference to Meningeal Involvement*—Ernest C. Dickson, M. D., Stanford Hospital, San Francisco.
3. *Coccidioides Immitis as a Cause of Meningitis with Hydrocephalus*—Glanville Y. Rusk, M. D., Hooper Foundation, San Francisco.
4. *A Report of Cases of Coccidioidal Granuloma Observed in Southern California*—Roy W. Hammack, M. D., Brockman Building, Los Angeles; J. Mark Lacey, M. D., Auditorium Building, Los Angeles.
5. *Torula Infection*—Newton G. Evans, M. D., Loma Linda.
6. *Lethargic Encephalitis*—N. T. McArthur, M. D., Napa State Hospital, Imola.

RADIOLOGY SECTION

(Including Roentgenology and Radium Therapy)

ALBERT SOILAND, M. D., Chairman, 1407 S. Hope Street, Los Angeles.

H. E. RUGGLES, M. D., Secretary, Butler Building, San Francisco.

FIRST MEETING

Hall No. 4 (Operating Office), Monday, May 15, 8 p. m.

1. Chairman's Address and Secretary's Report.
2. *Recent Progress in Radio-Therapy* (Illustrated with lantern slides)—Rex D. Duncan, M. D., 1151 W. 6th Street, Los Angeles.
Modern methods in application of radium with illustrative cases.
3. *Deep Therapy*—John M. Rehfish, M. D., 391 Sutter Street, San Francisco.
Limitations of previous apparatus for intensive radiation.
Personal experience with new 300,000 volt transformer.
4. *The Physical Basis of Modern Roentgen Therapy*—Mr. Frank Rieber, 693 Mission Street, San Francisco.
Importance of knowledge of fundamental physical facts in design and use of apparatus for intensive therapy. Current fallacies concerning measurement of electrical factors in Roentgen ray work.
5. *Diagnosis of Cases with So-called Pathological Gall-Bladder Symptoms*—Caro W. Lippman, M. D., Butler Building, San Francisco.

SECOND MEETING

Hall No. 4 (Operating Office), Thursday, May 18, 2 p. m.

1. Election of Section Officers and Transaction of Other Section Business.
2. *Gastric Ulcer Complicated by Jejunal Ulcer*—Lloyd B. Crow, M. D., 391 Sutter Street, San Francisco.
Object of reporting cases. Detailed reports of two cases.
3. *Enteroliths*—W. W. Boardman, M. D., 350 Post Street, San Francisco.
Comparative rarity of condition; importance of thorough examination; case reports.
4. *Measurements Based Upon Roentgen Examination of 100 Normal Children*—Elizabeth Schulze, M. D., University California Hospital, San Francisco.
Attention directed to sphenoidal angle by Pacini in 1921; survey of 100 normal children in effort to check his results; normal sphenoidal angle found to be considerably larger than figures given by Pacini; other measurements.
5. *Roentgen Examination of Chests in Children*—Orrin S. Cook, M. D., Flood Building, San Francisco.
Lobar and bronchopneumonia in children; difference between their appearance in children and adults; atypical effusions and empyemas; tuberculosis in children—lung tumors.
6. *Diverticula of the Cardiac End of the Stomach*—Chas. M. Richards, M. D., Garden City Bank Building, San Jose.
Rarity of condition; symptomatology; report of cases.
General demonstration of lantern slides. Members are urged to bring slides of interesting cases for informal discussion.

INDUSTRIAL MEDICINE AND SURGERY SECTION

E. W. CLEARY, M. D., Chairman,
177 Post Street, San Francisco.

PACKARD THURBER, M. D., Secretary,
906 Black Building, Los Angeles.

FIRST MEETING

Hall No. 5 (Auditor's Office), Monday, May 15, 8 p. m.

1. Chairman's Address and Secretary's Report.
2. *An External Bridge for the Fixation of Compound Fractures*—Charles A. Dukes, M. D., Central Bank Building, Oakland.
History; difficulties in mechanical device; dangers of infection; a simplified plate easy of mechanical adjustment, readily attainable and adaptable to any type of long bone fracture; report of cases.
Discussion opened by George Rothganger, M. D., 4501 San Pablo Avenue, Oakland, and Alvin Powell, M. D., 3105 Grove Street, Oakland.
3. *The Necessity for More Accurate Data in the Surgeon's Permanent Disability Report*—Frank E. Raynes, M. D., 240 Stockton Street, San Francisco.
Attention invited to letter of instructions from Industrial Accident Commission; necessity of uniformity; necessity of full and accurate measurements for lost function; necessity of accurate record of occupation when hurt, age and wages; permanent disability rating is not applicable while improvement in function can be obtained by treatment.
4. *A New Method of Treating Fractures of the Carpal Scaphoid*—T. J. Nolan, M. D., Flood Building, San Francisco.
5. *Resection of the Distal End of the Ulna to Compensate for Shortening of the Radius Following Fracture*—Carl L. Hoag, M. D., 177 Post Street, San Francisco.

Preliminary Report of a Simple and Effective Treatment for a Common and Serious Disability. Lantern Slides.

Fracture of the radius with shortening results in characteristic changes at the wrist, whether the fracture is in the shaft or at the distal end; these changes are apparently due to the resulting disproportion in the length of the two bones, and consist of a protrusion of the ulna into the carpal region, and loss of strength and limitation of range of motion, especially in the wrist. Findings at operation suggest that there is also a fracture of the triangular cartilage between the radius and ulna at time of injury. Removal of the distal end of the ulna re-establishes the length-relations between radius and ulna, and the soft parts with their undisturbed attachments to the periosteum, quickly readjust themselves. Selection of cases; technique and after-care.

6. *Industrial Medicine and the General Practitioner*—Gayle G. Moseley, M. D., 333 Pine Street, San Francisco.

SECOND MEETING

Hall No. 5 (Auditor's Office), Thursday, May 18, 2 p. m.

1. Election of Section Officers and the Transaction of Other Section Business.
2. *The Conservative Treatment of Fractures of the Elbow Joint*—Edgar L. Gilcrest, M. D., Hahnemann Hospital, San Francisco.

Points in the anatomy of the elbow joint; movements of the elbow joint; classification of fractures of the elbow joint; treatment; conservative versus operative or open reduction, with advantages of each method and disadvantages of each method; flexion versus traction; necessity for frequent X-ray controls.

3. *So-called "Chauffeur's Fractures"*—Philip Stephens, M. D., Pacific Electric Building, Los Angeles.

Incidence of fracture about the wrist or forearm, due to automobile cranking; direction of force, and its variation as a causation of different lesions produced; age; character of bones fractured as factor in prognosis and estimating loss of time in these injuries; reduction and treatment; when should they be released for duty; the cases in which there is bone shortening on the radial side, and result in a certain amount of deformity and function loss.

4. *The Necessity for an Immediate and Thorough Roentgenological Study of All Injuries to the Spine*—H. W. Chappel, M. D., 134 S. Norton Avenue, Los Angeles.
5. *Fractured Pelves, with Particular Reference to Dislocation of Sacro-iliac Synchondrosis*—Harlan Shoemaker, M. D., Marsh-Strong Building, Los Angeles.
6. *Physiotherapy Treatment*—Arthur R. Gould, M. D., 291 Geary Street, San Francisco.
Standardization of treatment; surgical cases; diagnosis of (a) surgeon and (b) physiotherapist; time from injury to treatment; object of physiotherapy treatment; types of treatment; mention of uses in medical cases.
7. *Misuse of the Industrial Accident Fee Schedule*—Morton R. Gibbons, M. D., 350 Post Street, San Francisco.

Fees charged and collected for similar services are not uniform; rebates; contracts; flat rates; under-charge; failure to apply modifying clauses for unusual service; forcing minimum fees; necessity for all physicians and surgeons to know proper charges and co-operate to collect them; function of California State Medical Society; clearing house or fee bureau to secure uniform charges; result will be enlarged panels, larger collections; decline of contract and salary practice.

TECHNICAL SPECIALTIES SECTION

RAY LYMAN WILBUR, M. D., Chairman,
Stanford University, Palo Alto.

CHARLES T. STURGEON, M. D., Secretary,
Merritt Building, Los Angeles.

FIRST MEETING

Hall No. 6 (Sentinel Dining Room), Monday, May 15, 2 p. m.

All members of the California Association of Physiotherapists; the California Association of Radiographers; the California Association of Medical Social Workers; the California Association of Dieticians; the California Association of Laboratory Technicians, and all other persons interested in the technical specialties are invited to attend this meeting.

1. Chairman's Address.
2. *The Technical Specialty Organizations*—Hartley F. Peart, General Counsel for the State Medical Society, Humboldt Bank Building, San Francisco.
3. Election of Section Officers.

SECOND MEETING

Hall No. 6 (Sentinel Dining Room), Wednesday, May 17, 10 a. m.

California Association of Physiotherapists

HAZEL FURSCOTT, President,
Hahnemann Hospital, San Francisco.

FLORENCE E. ATKINSON, Secretary,
29 Mosswood Road, Berkeley.

1. *Educational Standards in Physiotherapy*—Ray Lyman Wilbur, M. D., President Stanford University, Palo Alto.

2. *The Effect of Massage, Heat, and Exercise on the Local Circulation*—A. W. Hewlett, M. D., Lane Hospital, San Francisco.

3. *Early Physiotherapy Treatment of Fractures*—Walter I. Baldwin, M. D., Butler Building, San Francisco.

4. *The Standardization of Physiotherapy Equipment*—Miss Myrna Howe, Physiotherapy Technician, Butler Building, San Francisco.

Classification and description of different types of equipment; reduction of equipment to that most successfully used and necessary for a physiotherapy department in:—an orthopedic surgeon's office engaged in private practice; an orthopedic surgeon's office engaged in private practice plus industrial work and in a hospital clinic.

5. *Physiotherapy Records*—Miss Hazel E. Furscott, Physiotherapy Technician, University of California Hospital, San Francisco.

A working method of making physiotherapy records of progress; range of motion, graphic, mechanical; circumferential; strength; normal measurements and their variations. The value of adequate records to the patient, to the technician, to the physician. Statistics from these records and their possible contribution to physiotherapy and medicine.

6. Business Meeting.

THIRD MEETING

Hall No. 6 (Sentinel Dining Room), Wednesday, May 17, 2 p. m.

California Association of Medical Social Workers

MISS ELEANORE STOCKTON, President,
Board of Health, San Francisco.

MISS EDNA J. SHIRPSER, Secretary,
Children's Hospital, San Francisco.

1. *Child Welfare Centers Under Supervision of the Department of Public Health*—Miss Eleanore Stockton, Board of Health, San Francisco.
2. *Medical Social Service in the Hospital*—Miss Marguerite Wales, Stanford Medical School, San Francisco.
3. *The Relationship of Social Service to the Medical Profession*—Ray Lyman Wilbur, M. D., Stanford University, Palo Alto.
4. *The Place of Medical Social Service in Hospital Organization and the Duties of Medical Social Workers Toward Hospital Administration*—Frank R. Nuzum, M. D., Cottage Hospital, Santa Barbara.
5. Social and Economic Diagnosis—General discussion.
6. Business Meeting.

GENERAL MEDICINE SECTION

JOSEPH KING, M. D., Chairman,
Brockman Building, Los Angeles.

E. S. KILGORE, M. D., Secretary,
391 Sutter Street, San Francisco.

FIRST MEETING

Hall No. 2 (Church), Monday, May 15, 2 p. m.

1. Chairman's Address and Secretary's Report.
2. *Diphtheria—A Controllable and Preventable Disease*—W. W. Roblee, M. D., Riverside.
Recent increase of diphtheria in California; report of control measures used at Sherman Institute Indian School, Riverside, in two epidemics from separate foci; experience with Schick test and toxin-antitoxin administration; relative importance of: (1) quarantine, (2) detection and elimination of carriers, (3) detection and elimination of non-immunes.
3. *Treatment of Hypertension*—D. D. Comstock, M. D., White Memorial Hospital, Los Angeles.
Summary of known facts about hypertension; classification—symptomatic, essential or idiopathic.

A study of the latter, with reference to diet and metabolism; evidences of organic and of functional factors; detailed outline of treatment for a case of essential hypertension, with discussion.

4. *The Surgical Treatment of Angina Pectoris*—Philip King Brown, M. D., Medical Building, San Francisco; Walter B. Coffey, M. D., Medical Building, San Francisco.

The theory of angina and the problem involved. The resection of the cervical sympathetic system in part or whole. The work of Francois-Franck in 1896 on aortitis and the cervical sympathetic in relation to angina and his suggestion that sympathectomy be tried in the treatment. The work of Jaboulet and his pupils, especially Lariche, on the effects of destroying the sympathetic nerve supply to blood vessels. The operation for the relief of angina successfully done by Janesco in 1916. The report of cases operated on in the Southern Pacific Hospital with cardiograms, tracings and dissections.

Discussion by A. W. Hewlett, M. D., Lane Hospital, San Francisco.

5. *Present Status of Quinidin Therapy*—A. W. Hewlett, M. D., Stanford Medical School, San Francisco.

Quinidin sulphate for the purpose of restoring a normal heart rhythm in patients with auricular fibrillation. Mode of administration, results and dangers. Review of the literature and personal experiences.

6. *The Diagnosis and Treatment of Cardio-Vascular Conditions in Thyroid Disease*—William J. Kerr, M. D., University of California Medical School, San Francisco; George C. Hensel, M. D., University of California Hospital, San Francisco.

The frequency of cardio-vascular symptoms and signs in exophthalmic goiter; the relative infrequency in toxic adenoma; the nature of the cardio-vascular changes; the methods of recognition of these abnormalities. Pre-operative and post-operative treatment illustrated with polygraph tracings and electrocardiograms.

SECOND MEETING

Hall No. 2 (Church), Tuesday, May 16, 2 p. m.

1. *Inflammation of the Bowels*—S. A. Livatte, M. D., Santa Ana.
Retrospective; presumptive; negatively pathognomonic; some modern fallacies; entender la chanza; bibliography.
Discussion opened by Saxton Pope, M. D., Butler Building, San Francisco.
2. *Is the Meltzer-Lyon Technic an Asset or a Liability?*—Walter C. Alvarez, M. D., 177 Post Street, San Francisco.

If it will help in the diagnosis and treatment of gall-bladder disease it is an asset. If failing in that, it fosters the tendency of physicians to waste the time and money of patients who should promptly be turned over to the surgeon, it is a liability. The method is founded on theory and not on fact. Recent observations tend to discredit the theory. Apparently the magnesium sulphate does not tend to empty the gall-bladder. The use of the tube is not necessary, as magnesium sulphate and other drugs will increase the flow of bile when given by mouth. A large proportion of diseased gall-bladders have no stones and a clear, sterile bile. The infection is in the wall. Cholecystectomy should be done before the patient becomes a poor surgical risk.

3. *Chronic Arthritis*—Leonard W. Ely, M. D., Stanford Medical School, San Francisco.
Further studies on the great second type of the disease. Therapeutic applications and remarks on classification.
4. *Evidence of the Presence of Amebae in Bone Lesions of Arthritis*—Charles A. Kofoid, Ph. D., and

Olive Sweezy, Ph. D., University of California, Berkeley.

5. *Non-Dysenteric Amebiasis*—Alfred C. Reed, M. D., 350 Post Street, San Francisco.

Frequency of amebiasis. Common clinical association of symptoms with it. Rarity in California of dysentery as a symptom and frequency of constipation. Unreliability of references to amebae outside of gastro-intestinal tract in man. Question of amebae in liver and bile tract. Relation of amebae to non-infective (non-bacterial) bone lesions. *Amebia gingivalis* not pathogenic. Clinical relationship of arthritis deformans (type II Ely), and ameba. Treatment of amebiasis, and its difficulty.

Discussion by John V. Barrow, M. D., Investment Building, Los Angeles; Herbert Gunn, M. D., 350 Post Street, San Francisco.

THIRD MEETING

Hall No. 2 (Church), Wednesday, May 17, 8 p. m.

1. Election of Section Officers and Transaction of Section Business.

2. *The Treatment of Constipation*—R. Manning Clarke, M. D., San Marcos Building, Santa Barbara.

Hypertonic and atonic types, and interrelations of these. Etiology; role of cathartics, enemas, foods, psychic disturbances; symptoms-theories of toxic absorption or nerve irritation; treatment-avoidance of irritation from bulky food, cathartics, enemas, nerve strain; value of bed rest; medication.

3. *Associated Syphilis and Tuberculosis*—A. L. Bramkamp, M. D., Banning.

Prevalence of each disease separately; prevalence of the two in association; consideration of the pathology of the two diseases; primary and secondary syphilis and the effect of tertiary syphilis on the course of the other when in association; treatment of the two diseases when associated in the same individual.

4. *Intra Vitam Bone Marrow Puncture in Pernicious Anemia*—Ernest H. Falconer, M. D., Physicians Building, San Francisco.

Description of drill devised by L. M. Morris, M. D., for performing marrow puncture of long bones, also brief description of technique; in what way can this procedure be applied to study of pernicious anemia? Theories about pathology and bone marrow changes in pernicious anemia; lantern slides of actual smears of bone marrow from different types of cases of pernicious anemia; consideration of data obtained from cases of primary anemia where marrow puncture has been performed; discussion of problems opened for study by this method.

5. *Polycythemia Vera and Its Treatment*—Stewart V. Irwin, M. D., Dalziel Building, Oakland.

Résumé of 250 cases; definition; symptomatology; physical signs; blood picture; course of disease; errors in diagnosis; pathology and physiology; treatment based on experimental and clinical observations; radium, where and how used; benzol, its place in treatment; cases treated by newer method and results obtained.

6. *The Effect of Feeding Gliadin on the Growth of Carcinoma in White Rats*—R. A. Koehler, M. D., Timken Building, San Diego.

Recent experiments on normal growth in animals have established that growth is not proportional to the quantity of protein in the diet, but is rather dependent on the proportion of certain of the amino-acid constituents of the protein molecule. Chief of these so-called "growth amino-acids" is lysine. Lysine is not a requirement for the maintenance of the adult animal, but is purely a "growth-factor." The present experimental work is carried out on adult white rats with carcinoma,

to determine what effect a diet adequate for maintenance of the host, but deficient in lysine, would have on the growth and metastasis of the tumor. Tables and curves of growth of the tumors and metastases in experimental and control animals will be shown.

FOURTH MEETING

Hall No. 1 (Convention Hall), Thursday, May 18, 2 p. m.

This meeting devoted entirely to tuberculosis.

1. *Periodic Variations in Basal Metabolic Rate in Tuberculous Patients*—Philip H. Pierson, M. D., Physicians Building, San Francisco.

Does a variation occur? If so, what relation does it bear to menstruation or other factors? Is there any relationship between this variation and the activity of the disease.

2. *Gastro-Intestinal Complications with Pulmonary Tuberculosis*—Wm. C. Voorsanger, M. D., 177 Post Street, San Francisco.

Regulated feeding as distinguished from simple overfeeding. Difficulties in feeding which arise from gastro-intestinal disorders, either functional or organic—e. g., anorexia, vagaries of appetite, distress after eating, nausea and vomiting, coughing during eating, abdominal pain, result of over-eating, diarrhea, gastric or duodenal ulcer, colitis, appendicitis, intestinal tuberculosis. Differential diagnosis is to be discussed; and in connection with treatment the use of calcium chloride intravenously to combat anorexia and increased peristalsis.

3. *Experience with Thoracoplasty in Tuberculosis*—Ralph C. Matson, M. D., Portland, Oregon.

4. *The Sanatorium Treatment of Tuberculosis*—W. Jarvis Barlow, Security Building, Los Angeles.

Position occupied by sanatoria in the campaign against tuberculosis; sanatorium treatment as it was and is today; difficulties encountered. Why has sanatorium treatment not been more successful? Type of institutions of most value; results of cases treated; follow-up work.

5. *The Use of Opiates in Pulmonary Hemorrhage of the Tuberculous*—Charles A. Browning, M. D., Merritt Building, Los Angeles.

Discussion of the indications to be met by opiates in pulmonary hemorrhage; discussion of unfavorable influence of opiates on patients; immediate; morale; remote; pneumonia; opium habit.

PEDIATRICS SECTION

WILLIAM P. LUCAS, M. D., Chairman
University Hospital, San Francisco.

HUGH K. BERKLEY, M. D., Secretary,
Brockman Building, Los Angeles.

FIRST MEETING

Hall No. 3 (General Store), Tuesday, May 16, 8 p. m.

1. Chairman's Address and Secretary's Report.

Symposium on the Pirquet "Nem" System of Feeding.

2. *The Origin and Application of the Pirquet System of Child Feeding, Under the Hoover Relief Administration of Austria*—Herbert S. Coulter, M. D., 1949 Huntington Drive, Pasadena.

3. *The Reliability of the Sitting Height as an Index to Nutrition*—Harold K. Faber, M. D., Lane Hospital, San Francisco.

4. *The Pirquet System and American Requirements*—Wm. E. Carter, M. D., University Hospital, San Francisco.

SECOND MEETING

Hall No. 3 (General Store), Wednesday, May 17, 2 p. m.

Symposium on the Recently Prevalent Acute Infectious Diseases of the Nervous System in Childhood (Epidemic Encephalitis, Acute Polio-Myelo-Encephalitis).

1. *Epidemiology, Pathology*—William P. Lucas, M. D., University Hospital, San Francisco.
2. *Clinical Aspects and Differential Diagnosis*—Rachel L. Ash, M. D., University Hospital, San Francisco; Langley Porter, M. D., 240 Stockton Street, San Francisco.

General Discussion. Because of the importance of the subject, the papers will be thrown open at once for general discussion, so that the characteristics of these conditions may be fully considered by the members of the section.

THIRD MEETING

Hall No. 3 (General Store), Thursday, May 18, 2 p. m.

1. Election of Section Officers and Transaction of Other Section Business.

Symposium on Posture in Childhood.

2. *The Etiology and Treatment of Faulty Posture in Children*—John C. Wilson, M. D., Baker-Detwiler Building, Los Angeles.
3. *Posture as Related to Nutrition in Children*—Alfred Edward Meyers, M. D., 350 Post Street, San Francisco.
4. *Posture in Its Relation to Health*—Howard Markel, M. D., Butler Building, San Francisco.
5. *Physiotherapy in the Treatment of the Child with Rheumatic Infection*—Edith Bronson, M. D., 240 Stockton Street, San Francisco.
6. *Influence of the Eyes on Posture in Torticollis*—Percival Dolman, M. D., Flood Building, San Francisco.

Demonstration of methods of correcting postural defects will be given in connection with the above papers by Miss Gwendolyn Bovill, Physiotherapist, University Hospital, San Francisco.

NEUROPSYCHIATRY SECTION

WALTER F. SCHALLER, M. D., Chairman,
Medical Building, San Francisco.

W. B. KEEN, M. D., Secretary,
Brockman Building, Los Angeles.

FIRST MEETING

Hall No. 4 (Operating Office), Tuesday, May 16, 8 p. m.

1. Chairman's Address and Secretary's Report.
2. *Constitutional Psychopathic Inferiority*—William House, M. D., Selling Building, Portland, Oregon.
The term Constitutional Psychopathic Inferiority is applicable to a vast number of persons, possibly as many as 10 per cent of the total population. From this group are derived in all probability as many victims of the psychoneuroses and insanities as from the entire balance of the population. They furnish the recruits from whom not only neurological but general medical and surgical practice is drawn. The general types may be recognized, the one sluggish, dull and made up of people able to do fair work under certain restrictions, the other often incorrigible and easily led into criminal ways. Both types exert detrimental influences in school, social, military and industrial life. Etiologically hereditary and possibly endocrine deficiencies are influential. The recognition of these types has a profound bearing on medical, social and economic life and better understanding of them is of great practical as opposed to purely theoretical value.

Discussion opened by Norbert J. Gottbrath, M. D., Flood Building, San Francisco.

3. *The Use of the Pupiloscope in Neurology*—Henry G. Mehrtens, M. D., Lane Hospital, San Francisco; Otto Barkan, M. D., 516 Sutter Street, San Francisco.

Its possible use in syphilis without positive spinal fluid findings; in neuro-syphilis with positive

findings; in arrested or burnt-out neuro-syphilis; in cases of doubtful diagnosis.

4. *A Study of the Relation of Low Basal Metabolism Rates to Fatigue States*—Roland S. Cummings, M. D., Pacific Mutual Building, Los Angeles.

A review of 100 subjects having a basal metabolism rate of 10 per cent or below; a review of 50 subjects having a normal basal metabolism rate (between plus and minus 10); 33 per cent of cases with basal metabolism rates below normal had a clinical diagnosis of fatigue neurosis; 15 per cent of all subjects with normal rates had a clinical diagnosis of fatigue neurosis; only 5 per cent of patients with a low rate had normal endurance and normal energy; 50 per cent of all patients with normal rates had normal energy and endurance; a very small percentage of patients with normal rates complained of marked fatigue, while the majority of patients with a low rate did complain of marked fatigue, fatigue symptoms always being accompanied by general nervousness; a discussion of other signs of a hypothyroid state which were present in this group; a discussion of the causes of fatigue states and the general nervous symptoms in their relation to the causes of the low basal metabolism rate.

5. *The Alienist and Expert Testimony*—Edward Huntington Williams, M. D., Brockman Building, Los Angeles.

A summary of the faults of existing methods of taking expert testimony; reasons for the attitude of the public; some reasons why a more rational system has not been adopted; some suggestions for a change for the better.

6. *Post Infectious Encephalitis; Report of the Treatment of a Group of Cases by the Intraspinal Injection of Their Own Blood Serum*—J. Ross Moore, M. D., 520 West Seventh Street, Los Angeles.

Inadequacy of present methods of treatment; theoretical basis for the employment of the patient's own blood serum intraspinaly; classification of cases treated; description of procedure; progress of the cases during treatment; conclusions.

7. *Diffuse Encephalitis*—R. W. Harvey, M. D., Butler Building, San Francisco; Glanville Y. Rusk, M. D., Hooper Foundation, San Francisco.

A brief clinical record of a case; autopsy and pathological findings; description of slides made from sections of the brain; discussion of the case from the standpoint of diagnosis.

SECOND MEETING

Hall No. 4 (Operating Office), Wednesday, May 17, 2 p. m.

1. Election of Section Officers and Transaction of Other Section Business.
2. *The Genesis and Treatment of Insomnia*—Henry Douglas Eaton, M. D., Pacific Mutual Building, Los Angeles.

A brief discussion of the common types of insomnia and their causes with particular emphasis on the so-called nervous insomnia; treatment and results based on ten years' experience with such cases.

3. *Post-Traumatic Neuroses; Their Treatment by the Method of Final Settlement and Closure of Litigation Features*—Joseph H. Catton, M. D., 209 Post Street, San Francisco.

Consideration of "lump sum settlement and closure" of accident cases presenting psychoneurotic pictures. A comparison of this method of handling with "continuing awards" plus psychotherapeutic and other forms of medical treatment.

Discussion opened by Charles L. Allen, M. D., Investment Building, Los Angeles.

4. *Suicide and Degeneracy*—J. T. Fisher, M. D., 537 S. Virgil Street, Los Angeles.

The lay belief that suicide is generally associated with insanity is not borne out by mental examinations of those who have attempted suicide. Many instances of strong and rational motivating factors. Discussion of the prevalency of suicide in California with presentation of data. Degeneracy will be discussed in relation to the many psychoses and criminal tendencies and to the problem of drug addictions.

5. *Epidemic Encephalitis*—Milton B. Lennon, M. D., Butler Building, San Francisco.

A study of 100 and more cases; frequent difficulty of early diagnosis; remissions in the disease; the very low percentage of recovery; how many ultimately merge into the Parkinsonian group.

Discussion opened by Richard W. Harvey, M. D., Butler Building, San Francisco.

6. *Dry Brain versus Wet Brain*—Cecil E. Reynolds, M. D., Title Insurance Building, Los Angeles.

Signs and symptoms of dry brain and of wet brain; period of apprehension and relative importance of these diphasic variations from normal balance; the application of these surgical lessons to non-operative neurological treatment; examples; posture during operations—(a) above tentorium, (b) below tentorium; posture after operations—(a) above tentorium, (b) below tentorium.

7. *Psychotic Sequelae of Epidemic Encephalitis*—Robert Lewis Richards, M. D., 240 Stockton Street, San Francisco.

Besides the recurrence of Parkinsonian syndromes, paralyses, and sleep disturbances usually noted, I have encountered a number of psychotic sequelae with a relatively recent history of epidemic encephalitis. Epilepsy, varied amnesic states, grades of dementia, psychoneurosis, migraine attacks and ocular disturbances have been noted. In a diagnostic way this is a vital fact particularly with reference to compensation. From a prognostic standpoint the outlook is different. The treatment will naturally be modified on this basis. So far there has been a tendency to associate epidemic encephalitis too exclusively with midbrain and lower orders of nervous structures. Besides the usual transitory toxic involvements of the cortex and meninges in different infections, we have in these cases more permanent and serious changes. Besides the history of the attack, the persisting ocular disturbances are the most reliable indications of this sequence. The personality or make-up of the individual of course plays a role.

GENERAL SURGERY SECTION

CHARLES D. LOCKWOOD, M. D., Chairman,
295 Markham Place, Pasadena.

EDMUND BUTLER, M. D., Secretary,
Butler Building, San Francisco.

FIRST MEETING

Hall No. 2 (Church), Tuesday, May 16, 8 p. m.

- Chairman's Address and Secretary's Report.
- Amputations in the Region of the Knee Joint*—Howard H. Dignan, M. D., 275 Post Street, San Francisco.

Comparison of functional results in the different amputations; description of the Grith-Stokes operation and its modifications; post-operative treatment, physiotherapy, pylons, crutches.

- The Hemorrhoid Problem*—Sol Hyman, M. D., Butler Building, San Francisco.

Need for reviewing the subject; changing fashions in operations for piles; untoward results following the various procedures; post-operative complications; the anesthetic; choice of operation according to the criteria; simplicity, effectiveness, comfort, freedom from complications.

- Migratory Tumors of the Abdomen*—Asa W. Collins, M. D., 126 Post Street, San Francisco.

Differentiation between migration and metastasis; types of metastatic tumors; types of migratory tumors. Nature of migration; why certain migrate; leiomyomas (fibroids); echinococcus cysts; ovarian cysts. Diagnosis; previous history, clinical symptoms, physical findings; case report.

- Amoebic Abscess of the Liver*—Horace J. Brown, M. D., Goldfield, Nevada.

A brief résumé of the etiology, pathology, physical signs and diagnosis; report of a very unusual case; exhibit of X-ray plates taken before operation.

- Primary and Secondary Focal Infections in Arthritis Deformans*—Rea Smith, M. D., Merchants National Bank Building, Los Angeles.

We believe that to successfully treat a case of chronic arthritis, persisting after treating the head foci, that a gastrointestinal study both for mobility and motility of the ileocecal coil is essential. If the X-ray demonstrates a right-sided anomaly, that some intestinal operation to restore the function of the large bowel is the first step; that diet and medical treatment to restore the colonic flora to its normal balance is the second step; that orthopedic operation and manipulation on the tendons and joints to restore function is the third step; that joints that have become inflamed on manipulation before the removal of the intestinal focus will stand any rational procedure afterwards without damage.

- Tumors of the Breast Arising During Lactation and Pregnancy*—Alson R. Kilgore, M. D., 391 Sutter Street, San Francisco.

Comparative frequency of incidence of the various breast tumors during lactation and at other times. Studies of age of onset and period of pregnancy or lactation as aids in diagnosis. Study of incidence of cancer during pregnancy and lactation by ages of patients—the series studied suggests that as women pass 35 the percentage of incidence of cancer during breast activity rises very sharply. Study of prognosis of tumors, especially cancer, arising during lactation and pregnancy. Prognosis of cancer much more hopeful than usually regarded. Brief comment on treatment of breast tumors during breast activity.

SECOND MEETING

Hall No. 2 (Church), Wednesday, May 17, 2 p. m.

Symposium on Bowel Obstruction.

- Indications for and Results of Anchoring the Head of the Colon*—O. O. Witherbee, M. D., Pacific Mutual Building, Los Angeles.

Lowering and distention of head of colon, attended by kinking and angulation, favoring retention of food products, with resulting intoxication; bringing on periodic attacks of excruciating headache of a semi-epileptiform character. Relief secured by straightening and anchoring head of colon.

- Further Observations on Colocolostomy in Obstruction at the Splenic Flexure*—Andrew S. Lobingier, M. D., Merritt Building, Los Angeles.

- Bowel Obstruction, Diagnosis and Treatment*—Emmet Rixford, M. D., 1795 California Street, San Francisco.

- Some Observations on Intestinal Obstruction*—Harold Brunn, 350 Post Street, San Francisco.

General statistics; mortality rate higher than for any other acute abdominal condition; mortality varies with time of operation after onset; statistics gathered from U. C. surgical service. Clinical symptoms and signs; importance of early diagnosis; common erroneous conceptions in acute intestinal obstruction. What constitutes sufficient evidence to warrant immediate operative interference; discussion of experimental data on acute

intestinal obstruction; most acceptable explanation, Whipple's proteose intoxication theory; practical applications in diagnosis and prognosis; possibility of lowering mortality rate by proper use of this experimental data; some operative considerations.

5. *Bowel Obstruction Following Operations Occurring During Convalescing Period*—Alanson Weeks, M. D., 350 Post Street, San Francisco.

Etiology, functional, mechanical; diagnosis; treatment.

6. *Surgical Study of the Periarterial Sympathetic Fibres*—C. Latimer Callander, 516 Sutter Street, San Francisco.

Earlier work on perivascular sympathetic fibres by Jaboulay, Goyet, Potain and Teissier. Histological anatomy of peripheral sympathetic system; course along the arteries and veins in the vascular sheaths; newer aspects of vasomotor equilibrium. Symptoms of vasomotor origin; trophic changes in skin, nails, subcutaneous tissue and muscle; changes in bones and joints; thermic changes; secretory changes; technique of periarterial sympathectomy; post-operative objective reactions; primary vasoconstriction; pathological physiology; secondary reactions; hyperthermia of part distal; pathological physiology; description of recording apparatus; increased peripheral blood pressure; pathological physiology; description of apparatus; dilation of skin capillaries; description of apparatus; pathological physiology. Clinical pictures of possible altered vasomotor balance; traumatic reflex disorders of Babinski-Froment type; causalgia of Weir Mitchell; spontaneous ulcerations; partial or complete ischemic motor paralysis. Analyses of post-operative results in three cases; causalgia; Raynaud's disease; arterio-sclerotic gangrene. Questions of future research in peripheral sympathetic system; data on post-operative increase in surface temperature; accurate ocular observations of skin capillary before and after operation; determination of blood pressure changes.

THIRD MEETING

Hall No. 2 (Church), Thursday, May 18, 2 p. m.

1. Election of Section Officers and the Transaction of Other Section Business.
2. *Adenomata of the Thyroid*—John Hunt Shepard, M. D., Growers Bank Building, San Jose.
Terminology and classification of goiter; confusion arising from lax and indiscriminate use of the terms "simple goiter," "colloid goiter," "adolescent goiter," "exophthalmic goiter," "toxic goiter," "nodular goiter" and "adenoma." Life history of adenomata of the thyroid; their probable origin; age incidence of appearance of adenomata; age incidence of appearance of symptoms; occurrence of degenerative changes. Thyroid intoxication from adenomata of the thyroid size of adenoma of little or no consequence; insidious onset; periodic exacerbations; degree of intoxication as measured by the metabolic rate; significance of blood pressure readings; cardiac strain; dangers of iodine therapy; enucleation or subtotal thyroidectomy the rational treatment.
3. *Analysis of Malignant Tumors of the Thyroid*—Clarence G. Toland, M. D., Pacific Mutual Building, Los Angeles.

Analysis made of the thyroid cases that were observed in the St. Vincent's Hospital in my service during the years 1920 and 1921. The observation revealed that malignancy existed in thyroid tumors more frequently than is generally supposed. A number of cases operated for benign tumor proved malignant on microscopic examination, showing the necessity for expert microscopic study of all thyroid tissue. The diagnosis is difficult, but can usually be made by: a careful complete history; physical signs, (a) nodular appearance, (b) firm non-elastic consistency, (c)

sudden rapid growth of the tumor; symptoms as pain about head and neck, and loss of weight; several cases operated for malignant tumor proved to be merely a thyroiditis; all cases recur usually within one year. Treatment of malignant thyroid consists in complete removal as soon as diagnosis is made; many cases get into your hands too late for operation, then we resort to X-ray and radium; have seen good results under X-ray treatment in two cases; how long these people will live and be as comfortable as they are now is a question; it is an interesting fact how many cases of malignant thyroid in which the total removal of the thyroid has been done, no definite symptoms of hypothyroidism are produced. This is a strange fact.

4. *Compression of the Lung in Tuberculosis; Medical and Surgical Aspects*—Leo Eloesser, M. D., Butler Building, San Francisco; Philip King Brown, M. D., Medical Building, San Francisco.

Observations on the anatomy and physiology of the collapsed chest; changes in the chest wall, in the collapsed lung, in the mediastinum, in the opposite lung; changes in respiration; clinical observation of patients before operation; indications for operation; operations on the closed chest; on the empyematous chest; points of technique and after-care; case reports; demonstration of slides; results.

Discussion by Chelsey Bush, Arroyo Sanitarium, and Robert Peers, Colfax.

5. *The Diagnosis and Treatment of Surgical Lesions of the Chest*—Charles D. Lockwood, M. D., 295 Markham Place, Pasadena.

Introduction; surgery of the chest has made rapid strides since the war, heretofore considered a field where surgery was seldom justified, it is now almost as accessible as any other region. Factor which brought about this changed attitude; more accurate diagnosis by means of the X-ray and bacteriologic studies; the discovery that the chest cavity may be invaded without resort to cumbersome and complicated apparatus; improved technique. Lesions amenable to surgical interference; abscess of the lung, empyema, tumors, tuberculous cavities. Lantern slide demonstration.

6. *False Diverticulitis of the Sigmoid*—Stanley Stillman, M. D., Stanford Medical School, San Francisco.

Résumé of the pathology; possibility of its being the origin of annular carcinomata; presence of bladder symptoms as an aid in diagnosis; report of six cases.

7. *The Underlying Principles of Plastic Surgery*—J. A. Pettit, M. D., Selling Building, Portland, Oregon.

EYE, EAR, NOSE AND THROAT SECTION

FRANK A. BURTON, M. D., Chairman,
Watts Building, San Diego.

HARVARD McNAUGHT, M. D., Secretary,
Butler Building, San Francisco.

FIRST MEETING

Hall No. 4 (Operating Office), Monday, May 15, 2 p. m.

1. Chairman's Address and Secretary's Report.
2. *Diphtheritic Otitis Media*—W. J. Mellinger, M. D., San Marcos Building, Santa Barbara.

Introduction:—Tonsillar infection with non-virulent diphtheria bacilli; acute infection of the middle ear with virulent diphtheria bacilli is infrequent; no statement regarding infection of the middle ear with non-virulent diphtheria bacilli; review of literature concerning these types of infection. Observation on eleven patients studied during the past two years, all of which had diph-

theria bacilli in pure culture in the middle ear; only one of these had a virulent diphtheria bacilli infection; method of testing for virulence; character of culture from the nose and throat in these patients; presence of diphtheria in the gums of one of these patients; outcome of treatment of certain of these cases in isolation hospitals; descriptions of treatment and results; conclusions.

Discussion opened by J. David Beatty, M. D., Baker-Detwiler Building, Los Angeles.

3. *Reflex Symptoms in Nasal Accessory Sinusitis*—Robert B. Sweet, M. D., Marine Bank Building, Long Beach.

Pain:—Nature, location, periodicity, obscurity; report of unusual cases.

Discussion opened by Hill Hastings, M. D., Trust and Savings Building, Los Angeles.

4. *Infection of the Petrous Pyramid in Mastoiditis*—Francis M. Shook, M. D., Oakland Bank of Savings Building, Oakland.

General discussion of occurrence of this type of infection; symptomatology of reported cases; pathology and bacteriology of reported cases; association of this infection with meningitis, brain abscess, thrombosis of the venous sinuses of the brain, general infection; report of author's case; demonstration of anatomy of condition; conclusions.

5. *Deafness and Vertigo in Industrial Accident Cases*—Harold Fletcher, M. D., Butler Building, San Francisco.

The importance of early and thorough vestibular tests and physical examinations; the difficulty of determining the industrial responsibility; methods of determining disability; report of cases.

6. *Acute Suppurative Parotitis: Recurrent Attacks*—H. J. Profant, M. D., Cottage Hospital, Santa Barbara.

Rarity of the condition; only a few cases in the literature; recurrent attacks especially rare; etiology; theories; duct infection, hematogenous infection, sympathetic (caeliac or splanchnic), toxin excretion; symptoms: female, age 62, parotid gland involved since childhood; between attacks gland does not evacuate spontaneously; chemical and bacteriological analysis of content; associated vaso-motor disturbances; intermittent rhinitis, bronchial asthma; acute suppurative parotitis with sudden onset, severe pain, stupor and delirium; methods of treatment: probing and catheterization of Steno's duct; conservative and radical procedures considered; expression of duct and gland with good recovery from acute attack; conclusions.

Discussion opened by H. W. Owen, El Centro.

SECOND MEETING

Hall No. 4 (Operating Office), Tuesday, May 16, 2 p. m.

1. Election of Section Officers; Transaction of Other Section Business.
2. *The Tabulation of Functional Hearing Tests*—Simon H. Jesberg, Investment Building, Los Angeles.

Studies of methods used by various American clinics and otologists; lack of uniformity in methods; impossibility of standardizing the various methods; description of the formula method adopted by the International Congress of Otologists; our experience with the method; plea of its adoption.

Discussion opened by I. H. Jones, M. D., 448 Arden Boulevard, Los Angeles.

3. *Sympathetic Ophthalmitis*—Delamere F. Harbridge, M. D., Phoenix, Arizona.

Discussion opened by Roderic O'Connor, M. D., 209 Post Street, San Francisco.

4. *A Plea for More Painstaking Work in Refraction*—L. A. J. La Motte, 5753 Melrose Avenue, Los Angeles.

Opportunity afforded by routine eye examination for detection of general disease; the value of certain steps preliminary to the actual refraction; a study of the relations of accommodation and convergence particularly as found in the presbyop.

Discussion opened by H. H. Walker, M. D., 850 Main Street, Riverside.

5. *Radium in the Treatment of Cataract*—Otis Allen Sharpe, M. D., 516 Sutter Street, San Francisco.

History of radium as a therapeutic agent; review of earliest work with radium and thorium in treatment of cataract; early methods of application of radium for cataract treatment, amount, frequency; work of Cohen and Levin; work and conclusions of Franklin; author's work and conclusion.

6. *The Differential Pupilloscope*—Otto Barkan, M. D., 516 Sutter, San Francisco.

New method for exact numerical determination of pupillary reaction and localization of lesion in the pupillary reflex arc; specially valuable in early diagnosis of tabes and cerebrospinal lues; presentation of instrument and résumé of application in ophthalmology with report of cases.

UROLOGY SECTION

GEORGE W. HARTMAN, M. D., Chairman,
999 Sutter Street, San Francisco.

LOUIS CLIVE JACOBS, M. D., Secretary,
Flood Building, San Francisco.

FIRST MEETING

Hall No. 5 (Auditor's Office), Monday, May 15, 2 p. m.

1. Chairman's Address and Secretary's Report.
2. *Diagnosis of Gonorrhea*—George W. Hartman, M. D., 999 Sutter Street, San Francisco.

Usual criteria for diagnosis; variations in gram staining; experiments in artificial propagation of the gonococcus; complement fixation.

3. *Diagnosis and Surgical Treatment of Tumors of the Kidney*—William E. Stevens, M. D., 210 Post Street, San Francisco.

Report of cases of carcinoma hypernephroma and papillomatous epithelioma of the kidney pelvis. Lantern slides illustrating the value of pyelography in the diagnosis of renal tumors.

Discussion opened by Louis C. Jacobs, M. D., Flood Building, San Francisco.

4. *Grave Renal Haematuria Due to Degenerative Changes in the Blood Vessels of the Papillae and the Pyramids, with a Report of a Case Requiring Nephrectomy*—Granville MacGowan, M. D., Brack Shops Building, Los Angeles.

Résumé of the anatomy of the renal papilla; pathological consideration of the haematuria due to: (a) varix of the papilla, (b) angiomas of the papillae, (c) tuberculosis of the papilla, (d) calculus incrustations of the papilla, and (e) cancer of the papillae. Differential diagnosis and its difficulties; no medical therapeutics. Surgical intervention when required; what to do; its chance of success.

Discussion opened by Frank Hinman, M. D., 516 Sutter Street, San Francisco.

5. *A Case of Bilateral Pyelitis Due to the Bacillus Pyocyaneus*—Chas. P. Mathe, M. D., Phelan Building, San Francisco.

An unusual kidney infection diagnosed through ureteral catheterization; case report; pathogenesis of *B. Pyocyaneus* in the genito-urinary tract; rarity of occurrence; a brief review of the literature; treatment and results.

6. *The Effect Upon the Kidney Following Ligation of the Ureter*—Anders Peterson, M. D., Brockman Building, Los Angeles.

A brief review of the experimental and clinical work where the effect upon the kidney has been studied following ureteral ligation; illustrations of specimens obtained from animals after various periods of time have elapsed between the time of ligation and the removal of the specimen; report of the results in 12 cases where the ureter was ligated in surgical procedures.

Discussion opened by Leon J. Roth, 512 S. Oxford Avenue, Los Angeles.

7. *Anatomical Studies of the Kidney*—Frank Hinman, M. D.; A. E. Belt, M. D.; B. M. M. Morrison, M. D.; R. K. Lee-Brown, M. D., 516 Sutter Street, San Francisco.

Renal anatomy as understood and taught in the ordinary text-book; methods of present study; injection and digestion; injection and stereopticon X-ray pictures; specimens rendered transparent by digestion of fat. Comparative anatomical studies; demonstration of specimen and lantern slides. Discussion and summary.

SECOND MEETING

Hall No. 5 (Auditor's Office), Tuesday, May 16, 8 p. m.

1. Election of Section Officers and Transaction of Other Section Business.
2. *Pre-Cancerous and Early Cancerous Lesions of the Genito-Urinary Tract*—J. R. Dillon, M. D., 516 Sutter Street, San Francisco.
Description and pathology of lesions of potential malignancy appearing in the genito-urinary tract; earliest signs and symptoms; diagnosis; prognosis; general statistics.
3. *Radium Treatment in Carcinoma of the Prostate*—R. L. Rigdon, M. D., 291 Geary Street, San Francisco.

Relative frequency of carcinoma as seen in 300 cases of enlarged prostate, observed at the Lane-Stanford Hospital; results of surgical treatments; results of surgery and of radium; technique of radium applications; dosage; case reports.

4. *Two Hundred and Twenty-three Consecutive Prostatectomies—Suprapubic and Perineal*—Robert V. Day, M. D., Baker-Detwiler Building, Los Angeles.
Functional results; structural results; mortality rate; subsequent state of general health; precautions requisite to obtain best results; dangers incident to operation and drainage.
Discussion opened by Herbert A. Rosenkranz, M. D., Story Building, Los Angeles.
5. *Is Syphilis Curable and May It Eventually Be Abolished?*—Victor G. Veeki, M. D., 516 Sutter Street, San Francisco.

The standpoint is taken that syphilis is a comparatively easily curable disease, and that by the use of improved methods of blood examinations and the so-called rhythmic treatment, and with the proper help of national, State and city governments, the scourge could be abolished.

6. *Studies in Ureteral Catheterization—Preliminary Report*—Henry A. R. Kreutzmann, M. D., 323 Geary Street, San Francisco.

Technic is to insert catheters for varying distances in both ureters and determine the amount of phenolsulphonophthalein obtained after intravenous injection from each catheter and from leakage into the bladder over a period of half an hour. The presence of pain, anuria and haemorrhage at the various levels is also determined.

Discussion opened by Lionel P. Player, M. D., 516 Sutter Street, San Francisco.

7. *An Anatomical and Embryological Study of the Perineum—Lantern Slides*—W. B. Wesson, M. D., Flood Building, San Francisco.

The material used consisted of 31 human embryos and dissections of fresh cadavers; the boundaries of the recto-urethralis muscle were determined and the reason for its value as a landmark in the perineal prostatectomy operation was ascertained; the development of the peritoneum of the

pelvis was followed with particular reference to any part it might play in the formation of Denonvilliers fascia.

Discussion opened by Frank Hinman, M. D., 516 Sutter Street, San Francisco.

8. Urological Demonstrations—

- (a) *A new apparatus for holding the Cystoscope during ureteral catheterization*—Louis Clive Jacobs, Flood Building, San Francisco.
- (b) *Anatomical studies of the kidney*—Frank Hinman, M. D.; Elmer E. Belt, M. D.; Duncan M. Morrison, M. D.; R. K. Lee-Brown, M. D., 516 Sutter Street, San Francisco.

ORTHOPEDIC SURGERY SECTION

W. W. RICHARDSON, M. D., Chairman,
Brockman Building, Los Angeles.

G. J. MCCHESENEY, M. D., Secretary,
Flood Building, San Francisco.

FIRST MEETING

Hall No. 5 (Auditor's Office), Tuesday, May 16, 2 p. m.

1. Chairman's Address and Secretary's Report.
2. *Old Bilateral Dislocation of the Patella*—Henry A. Ryfkogel, M. D., 516 Sutter Street, San Francisco.
Report of case with former unsuccessful operation on one side and successful operation on other side by the writer, with discussion of methods.
3. *Congenital Elevation of the Shoulders with Operation for Cure*—Arthur L. Fisher, M. D., Medical Building, San Francisco.
Frequency of condition; description of condition with symptoms and disability; causes; description of new operation for cure; result.
4. *Repair of Tendons in the Fingers*—Sterling Bunnell, M. D., 516 Sutter Street, San Francisco.
Atraumatic technique; essential; gliding mechanism; method of repair; free tendon graft; indication and contra-indication; after-treatment.
5. *The Treatment of Painful Affections Involving the Cervical Vertebrae*—H. L. Langnecker, M. D., Lane Hospital, San Francisco.
Group types; frequency of cases without bone pathology; predisposing causes, such as postural defects or occupational strains; the value of various methods of treatment, including rest; elimination of infectious foci; partial fixation; avoidance of strain; correction of defective posture; change of occupation; improvement of muscle tone; importance of active exercises.

SECOND MEETING

Hall No. 5 (Auditor's Office), Wednesday, May 17, 8 p. m.

1. Election of Section Officers and the Transaction of Other Section Business.
2. *Spastic Paraplegia—Moving Pictures of Two or More Cases Treated in Different Ways*—James T. Watkins, M. D., Medical Building, San Francisco.
Presentation of the orthopedic problem of Little's spastic paraplegia; avoids consideration of monoplegias and hemiplegias; there seems to be general agreement about the neural pathology; there is considerable consistent clinical evidence as to the cause; there is no disagreement as to the objective symptomatology; there is no disagreement as to the conservative orthopedic treatment to be followed, but there is radical divergence of opinion as to surgical courses of treatment to be followed. A comparison will be made of the reports of immediate brilliant results which at later examination proved to be disappointing; between forty and fifty cases are being traced throughout California. If they can be located in time their results will be reported; in the end an attempt will be made to interpret these conflicting data.

3. *The Modern Treatment of the Weak and Flat Foot*—George J. McChesney, M. D., Flood Building, San Francisco.

Definitions; résumé of pathology and symptoms; old methods of treatment; fallacies; newer methods.

4. *Brisement Forces and the Pre- and After-Treatment*—A. Gottlieb, M. D., Consolidated Realty Building, Los Angeles.

Forcible manipulation of joints with inhibited motion on account of various contractures has been practiced for many years past. It has fallen into disrepute because the results have not been gratifying and frequently mishaps have occurred. Failures should be attributed to the following factors which are discussed in this paper; these are: 1. Lack of pre-operative treatment; 2. disregard of contra-indications; 3, incorrect technic of the manipulation; 4. neglect of or inadequate after-treatment.

5. *Re-education of Crippled Children*—Charles G. Stivers, M. D., Auditorium Building, Los Angeles.

6. *Congenital Deformities*—Harry L. Schurmeir, M. D., San Marcos Building, Santa Barbara.

ANAESTHESIOLOGY SECTION

MARY E. BOTSFORD, M. D., Chairman,
807 Francisco Street, San Francisco.

ELEANOR SEYMOUR, M. D., Secretary,
1329 So. Grand Avenue, Los Angeles.

MEETING

Hall No. 6 (Sentinel Dining Room), Monday, May 15,
8 p. m.

- Chairman's Address and Secretary's Report.
- Post-Tonsillectomy Pulmonary Abscesses*—Mary E. Botsford, M. D., 807 Francisco Street, San Francisco.

Incidence; diversity of opinion as to etiology; role of motor-driven anaesthetic appliances; comparative effects of general and local anaesthesia; light versus deep anaesthesia; danger of abolishing laryngeal reflexes; deductions from statistics.

- The Relation of Surgeon and Anaesthetist*—Saxton T. Pope, M. D., Butler Building, San Francisco.

Dependence of the surgeon upon anaesthetist; obligations of surgeon to anaesthetist; co-ordination between stages of anaesthesia and stages of surgical procedure; what the surgeon can expect from the anaesthetist and what he cannot expect; surgical trespass over the bounds of anaesthesia.

- Organization of Hospital Anaesthesiology Department*—Caroline B. Palmer, M. D., 2401 Sacramento Street, San Francisco.

Personnel; assignment of work; compensation; care of apparatus; supplies; anaesthetist's examination of patients before anaesthesia and choice of anaesthetic; anaesthetist's part in care of patients before, during and after anaesthesia; obstetrical anaesthesia and analgesia; instruction of students and training of anaesthetists; anaesthetic records and reports; résumé of department of anaesthesiology at Lane and Stanford University Hospitals for past fifteen years.

- Analysis of Anaesthetics Given in Eighty Consecutive Brain Operations at the University of California Hospital*—Dorothy A. Wood, M. D., University Hospital, San Francisco.

Technique of administration; blood pressure findings in two types of cases: (a) cases showing marked increase in intracranial pressure, (b) cases showing slight increase in intracranial pressure; conclusions.

- The Clinical Uses of Oxygen*—Lorruli A. Rethwilm, M. D., 2215 Webster Street, San Francisco.

Historical; increased use of late; oxygen in various anoxemias; oxygen with anaesthetics: (a) surgical, (b) obstetrical; observed benefits in our routine use of it.

Pacific Coast Association of Anesthetists

Joint meeting with the Section on Anesthesiology of the California State Medical Society.

GEORGE P. WALLER, M. D., President,
Los Angeles.

MARY E. BOTSFORD, M. D., Vice-President,
San Francisco.

ELEANOR SEYMOUR, M. D., Secretary-Treasurer,
Los Angeles.

FRANK H. McMECHAN, Honorary Secretary,
Avon Lake, Ohio.

WALTER R. CRANE, M. D., Los Angeles.

CAROLINE B. PALMER, M. D., San Francisco.

ROBERT L. CHARLES, M. D., Denver, Colo.

LOUIS H. MAXSON, Seattle, Wash.

LOUISE A. OLDENBOURG, M. D., Oakland, Cal.

DAVID E. HOAG, M. D., Pueblo, Colo.

FIRST MEETING

Hall No. 6 (Sentinel Dining Room), Tuesday Afternoon,
May 16, 2 p. m.

- Spasticity from Inflammation in Relation to Anesthesia* (President's address, Pacific Coast Association of Anesthetists)—George P. Waller, M. D., Los Angeles.
- Time As An Element in Anesthesia in Children*—Mary T. Murphy, M. D., San Francisco.
- Anesthesia and Its Relation to the Patient, from a Surgeon's Standpoint; Type of Anesthesia and Its Relation to Existing Pathology; Emoluments to the Anesthetist*—Harlan Shoemaker, M. D., Los Angeles.
- Suggestive Leads in Anesthesia*—Frank H. McMechan, M. D., Avon Lake, Ohio.
- Sacral Anesthesia; A New Method of Administration with Report of Use in 400 Urologic and Gynecologic Cases*—Albert J. Scholl, Jr., Mayo Clinic, Rochester, Minn.

EXECUTIVE SESSION

If you have anything of constructive value to propose for the welfare of the specialty or of its associations, do not hesitate to present it at this session.

SECOND MEETING

Hall No. 6 (Sentinel Dining Room), Tuesday Evening,
May 16, 8 p. m.

- Ethyl Chloride as a General Anesthetic*—Louise A. Oldenbourg, M. D., Oakland, Cal.
- Anesthol, a Most Useful Anesthetic Mixture*—Louis H. Maxson, M. D., President of the Society of Anesthetists, Seattle, Wash.
- The Physiological Effects of Nitrous Oxide*—Neil C. Trew, M. D., Los Angeles.
- Nitrous Oxide Oxygen Anesthesia in Infants*—Mary E. Botsford, M. D., San Francisco.
- Symposium on Intratracheal Anesthesia*—Mary Kavanagh, M. D., San Francisco; Edith Williams, M. D., San Francisco.

OBSTETRICS AND GYNECOLOGY SECTION

HARRY M. VOORHEES, M. D., Chairman,
Brockman Building, Los Angeles.

L. A. EMGE, M. D., Secretary,
Stanford University Hospital, San Francisco.

FIRST MEETING

Hall No. 3 (General Store), Monday, May 15, 2 p. m.

- Chairman's Address and Secretary's Report.
- Infection of the Placenta*—J. Morris Slemmons, M. D., Pacific Mutual Building, Los Angeles.
Bacterial infection of the placenta usually depends upon premature rupture of the membranes. The consequent diminution in the capacity of the uterine cavity with retraction of the uterine muscle disturbs the nutrition of the amniotic epithelium.

In this way its resistance to bacterial invasion is lessened. Through this portal organisms may gain entrance to the maternal circulation, a fact which explains the presence of fever during parturition. Even more frequently the fetal circulation is invaded. The resulting pathological lesions may be limited to a mild degree of inflammation of the umbilical cord, or at the other extreme, the fetus may suffer a general septicaemia, causing its death during labor or within a few days after birth. The prevention of placental infection merits consideration in determining the technique to be employed in the conduct of labor.

Discussion opened by Frank Lynch, M. D., University California Hospital, San Francisco.

3. *Cardiac Decompensation in Pregnancy and Labor*—Karl L. Schaupp, M. D., 516 Sutter Street, San Francisco.

Cardiac disease an individual problem with each patient during pregnancy and labor; the types of cardiac lesions met with in pregnancy and the resultant symptoms; the necessity of close supervision to forecast the probable effect of labor on the cardiac pathology; when does cardiac pathology require interference with pregnancy? Brief summary of clinical observations; conclusions.

Discussion opened by Armstrong Taylor, M. D., Butler Building, San Francisco.

4. *The Intermediate Cervical Repair Following Confinement*—Titian J. Coffey, M. D., Marsh-Strong Building, Los Angeles.

Introduction; causative factors; diagnostic points in cervical haemorrhage; character of cervical laceration; condition of cervix immediately following birth; condition of cervix on ninth day; technique of operation; advantages of operation; results six weeks following operation; conclusions.

Discussion opened by Alfred B. Spalding, M. D., Lane Hospital, San Francisco.

5. *A Biological Test for Pregnancy*—Merrill W. Hollingsworth, M. D., Anaheim.

Remarks on need of an easily applied biological test for pregnancy; is the slight glycosuria in early months of pregnancy renal or is it a true glycochemia? Work of Miss Grunthal; work and report of Kammitzer and Joseph; difficulties encountered in applying this test on our cases; slight modification made by us; presentation of statistics; summary.

Discussion opened by John Vruwink, M. D., Pacific Mutual Building, Los Angeles.

SECOND MEETING

Hall No. 3 (General Store), Tuesday, May 16, 2 p. m.

1. *Clinical Mistakes in Gynecological Diagnosis*—Roland E. Skeel, M. D., Title Insurance Building, Los Angeles.

Anatomical and pathological diagnosis more simple in diseases of the female pelvic organs than other diseases of the abdomino-pelvic viscera; imperfect examination or inadequate knowledge the reason for most gross errors in this class; gynecological disease classified for clinical purposes into: (1) those imperatively demanding interference, (2) those in which observation is desirable, (3) those whose effect upon the general health and the production of symptoms is likely to be unknown in the individual patient. Plea for a more conservative attitude towards the third class.

Discussion opened by Albert V. Pettit, M. D., Lane Hospital, San Francisco.

2. *Posterior Vaginal Drainage with Description of New Instrument Used as a Vaginal Pelvic Guide*—Frank R. Girard, M. D., Flood Building, San Francisco.

Treatment of acute pelvic inflammatory disease; indications for non-operative and operative treatment; choice of time for operation; indications for drainage; vaginal versus abdominal drainage;

mechanics of pelvic drainage; choice of drainage material; description of new instrument to facilitate vaginal drainage.

Discussion opened by J. Craig Neel, 516 Sutter Street, San Francisco.

3. *Results of Five Years' Use of Radium in Gynecology*—Alice F. Maxwell, M. D., University Hospital, San Francisco.

Type of cases treated; method of application; results of treatment; comparison with results of surgery.

Discussion opened by Frank C. Ainley, M. D., Brockman Building, Los Angeles.

4. *Uterine Myomata and Their Treatment*—William H. Gilbert, M. D., Brockman Building, Los Angeles.

Prevalence of uterine myomata in middle-aged single women who have not borne children; fibroids and pregnancy; influence on conception, as cause of sterility, as cause of miscarriage and abortions; relationship of myomata to successful delivery of the pregnant woman. Degenerative changes: non-malignant, malignant changes in tumor, malignancy as complication. Treatment: radiation, its indications and range of usefulness, impossibility of preservation of sex glands. Surgical importance of early removal; all myomatous growths cause trouble in later life; surgical treatment given preference; preservation of sex glands possible by surgery; surgical procedure.

Discussion opened by Ludwig A. Emge, M. D., Stanford Hospital, San Francisco.

5. *Rational Glandular Therapy in Gynecology*—Arthur Lee Munger, M. D., Medical Building, San Francisco.

Endocrine therapy in general is an empirical procedure because the commercial products used are so extremely variable; the thyroid: the respective importance of its iodine versus its arsenic content; the ovary: a discussion of the commercial products and a theoretical explanation of the varying results in ovarian therapy; the pituitary body: the importance of the gland in the sex complex and the failure of the pituitary therapy; the question of uni- and poly-glandular therapy; the treatment of menstrual disturbances by glandular therapy remains the outstanding problem; glandular therapy and menopause; glandular therapy and infantilism.

Discussion opened by Frederick M. Loomis, M. D., 350 Twenty-ninth Street, Oakland.

THIRD MEETING

Hall No. 3 (General Store), Wednesday, May 17, 8 p. m.

1. Election of Section Officers and the Transaction of Other Section Business.

2. *The Technique and Organization of the Los Angeles Maternity Service*—Lyle G. McNeile, M. D., Pacific Mutual Building, Los Angeles.

General organization and object of the maternity service; maternity dispensary for pre-natal and post-partum care; method of keeping records; method of handling internes and students; technique of preparation of the room; preparation of the patient; examination; external, vaginal, rectal; treatment during labor; post-partum care; follow-up work; nursing care; end results.

3. *Pre-Natal Care in Private Practice Based on Last One Hundred Consecutive Cases*—Adelaide Brown, M. D., 909 Hyde Street, San Francisco.

Physical examination; pelvic measurements; routine Wassermann; hygiene of pregnancy; pre-natal visit; weight; blood pressure; urine examination; preparations for confinement; preparation for baby's care; pre-obstetrical examination at 7-7½ months; presentation and position; instruction about labor, child's routine, maternal nursing.

Discussion opened by J. Morris Slemmons, M. D., Pacific Mutual Building, Los Angeles.

4. *Post-Natal Care*—Louis I. Breistein, M. D., 350 Post Street, San Francisco.

The post-natal period, a link in the chain of preventive medicine; the essential features of pre-natal and intra-natal care so necessary for the success of post-natal care; puerperium with the routine care of mother and the new-born; follow-up system; the post-natal nurse; the importance of post-natal examinations.

Discussion opened by Andrew J. Thornton, M. D., Timken Building, San Diego.

5. *The Treatment of Hyperemesis Gravidarum*—G. Carl H. McPheeters, M. D., Mattei Building, Fresno.

The purpose of this paper is to call attention to the common occurrence of various types of vomiting of pregnancy; it will concern itself mainly with mild or ambulatory and the severe or toxic types; it will take up the principle of treatment such as elimination, diet and medicines used; it will touch on the question of focal infection; in the severe type it will bring up also the question of interference with pregnancy as well as care after recovery; in the main, the paper is an earnest appeal for a more detailed attention to this common and often serious complication of pregnancy and gives a broad outline of the methods of treatment.

Discussion opened by Newell H. Bullock, Twohy Building, San Jose.

STATE MEDICAL SOCIETY MEETINGS

Year	Presidents	Place of Meetings
1856	B. F. Keene	Sacramento
1857	H. Gibbons	Sacramento
1858	A. B. Stout	San Francisco
1859	R. B. Ellis	Sacramento
1870	T. M. Logan	San Francisco (Incor. Nov. 1)
1871	T. M. Logan	San Francisco (March 1)
1871	T. M. Logan	Sacramento (Oct. 11)
1872	H. Gibbons	Oakland
1873	G. A. Shurtleff	Sacramento
1874	T. H. Pinkerton	San Francisco
1875	J. M. Browne	Sacramento
1876	A. B. Nixon	San Francisco
1877	Wm. Fitch Cheney	San Francisco
1878	Washington Ayer	San Jose
1879	H. S. Orme	San Francisco
1880	A. W. Saxe	San Francisco
1881	F. W. Todd	San Francisco
1882	G. G. Tyrrell	San Francisco
1883	L. C. Lane	San Francisco
1884	I. E. Oatman	San Francisco
1885	R. Bev. Cole	San Francisco
1886	W. P. Gibbons	San Francisco
1887	W. S. Thorne	San Francisco
1888	R. H. Plummer	San Francisco
1889	Jas. Simpson	San Francisco
1890	Walter Lindley	Los Angeles
1891	W. R. Cluness	Sacramento
1892	O. O. Burgess	San Francisco
1893	W. E. Taylor	San Francisco
1894	C. G. Kenyon	San Jose
1895	G. L. Simmons	San Francisco
1896	Wm. Le Moynes Willis	Los Angeles
1897	Henry Gibbons, Jr.	San Francisco
1898	Cephas L. Bard	Fresno
1899	Wm. Watt Kerr	Del Monte
1900	Geo. Chismore	San Francisco
1901	Thos. Ross	Sacramento
1902	Wm. J. G. Dawson	San Francisco
1903	F. B. Carpenter	Santa Barbara
1904	H. Bert Ellis	Paso Robles
1905	Frank L. Adams	Riverside
1906		
(Fire)	R. F. Rooney	San Francisco (one day)
1907	R. F. Rooney	Del Monte
1908	George H. Evans	Coronado
1909	W. W. Beckett	San Jose
1910	Jas. H. Parkinson	Sacramento
1911	Jno. C. King	Santa Barbara
1912	C. S. Stoddard	Del Monte
1913	O. D. Hamlin	Oakland
1914	F. C. E. Mattison	Santa Barbara
1915		A. M. A. Exposition, San Francisco—No State Meeting
1916	H. M. Sherman	Fresno
1917	George H. Kress	Coronado
1918	J. H. Barbat	Del Monte
1919	H. A. L. Ryfkogel	Santa Barbara
1920	J. C. Yates	Santa Barbara
1921	J. H. Graves	Coronado
1922	H. G. Brainerd	Yosemite Valley

FARES AND SERVICE FROM POINTS IN CALIFORNIA TO YOSEMITE VALLEY MEETING OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA, MAY 15 TO 18, 1922.

From San Francisco to Yosemite Valley and return...\$19.50
From Oakland to Yosemite Valley and return..... 19.50
From Los Angeles to Yosemite Valley and return... 27.00
Good for 15 days from date of sale.

From San Francisco the train service will be as follows:

Santa Fe No. 2	Santa Fe No. 42	Santa Fe No. 22	S. P. No. 86	S. P. No. 24	S. P. No. 38-50	S. P. No. 49-60	Leave
8:00 p	4:00 p	9:00 a	11:00 p		4:00 p	8:40 a	San Francisco
1:26 a	8:50 p	1:50 p	4:50 a	8:30 p	9:18 p	1:15 p	Ar. Merced
	8:15 a	1:50 p		8:15 a		1:50 p	Lv. Merced
	11:55 a	5:55 p		11:55 a		5:55 p	Ar. El Portal
	12:00 p	6:05 p		12:00 m		6:05 p	Lv. El Portal
	1:15 p	7:15 p		1:15 p		7:15 p	Ar. Yos. Valley

From Los Angeles the train service will be as follows:

S. P. No. 9	S. P. Nos. 81-109	S. P. No. 109	S. P. No. 49	Leave
		10:00 pm	7:50 pm	Los Angeles
		12:40 pm	7:50 am	Ar. Merced
		1:50 pm	8:15 am	Lv. Merced
		5:55 pm	11:55 am	Ar. El Portal
		6:05 pm	12:00 m	Lv. El Portal
		7:15 pm	1:15 pm	Ar. Yos. Valley

The S. P. R. R. Co. and the A. T. & S. F. R. R. Co. will operate sleeping cars as follows:

S. P. Train No. 86, leaving San Francisco Ferry Station at 11:00 p. m. Car will be ready for occupancy at Oakland Pier after 9:00 p. m. and will be detached from train at Merced on arrival, so that occupants will not be obliged to vacate until just time enough to get their breakfast and depart from Merced on Yosemite Valley train at 8:00 a. m.

The A. T. & S. F. R. R. Co. will operate sleeping car service on their Train No. 2, leaving San Francisco Ferry Station at 8:00 p. m. These cars will also be detached from train at Merced and the passengers can occupy same until time to leave in the morning.

From Los Angeles the S. P. Company will operate sleeping cars on their Train No. 49, leaving Los Angeles at 7:50 p. m. and arriving at Merced at 7:50 a. m. and connecting with Yosemite Valley Railroad train to El Portal and Yosemite Valley.

The sleeping car fares will be as follows:

San Francisco to Merced—lower berth.....\$3.00
Los Angeles to Merced—lower berth..... 3.75

Reservations for berth, compartment or drawing room in sleeping cars should be made to the nearest agent of the railroad over which you desire to travel. Railroad tickets should also be purchased from those agents, who will be in position to give any additional information in regard to train service.

All drivers of Yosemite Transportation System automobiles will be instructed to assist doctors coming into the Valley in automobiles in every way. If they are having trouble of any kind and a Y. T. S. automobile is coming along, the driver will do everything he can to assist them in every way and, if not possible to repair automobile so that journey can be resumed, will carry word to the next telephone station and arrange for necessary help.

Plenty of oil and gasoline should be taken before leaving main highway, as service stations are few and far between. Water, of course, is available most any place.

1922 MEMBERSHIP IN THE STATE SOCIETY

If your 1922 membership dues are unpaid, this is the last issue of the Journal you will receive until you have again been restored to good standing.

STATE SOCIETY

PROCEEDINGS OF THE SECOND ANNUAL CONFERENCE BETWEEN THE COUNCIL OF THE STATE SOCIETY AND OFFICERS OF CONSTITUENT SOCIETIES

This conference was held in San Francisco on September 24, 1921. There will be two similar conferences held during the state convention in Yosemite May 15 to 18 as shown elsewhere in this issue of the Journal. The resolutions endorsed and passed for two similar conferences are here reprinted from the Journal of November, 1921, as a basis for consideration of further meetings.

1. Monthly Report of County Secretaries:

RESOLVED, That the Council of the State Medical Society and the officers of constituent societies meeting in joint session unanimously endorse and approve the program of monthly reports by secretaries of constituent societies to the State Society. It is to the best interest of medicine for the public and the profession that these reports be forwarded every month and made as complete as possible, regardless of whether the society holds a meeting or not.

2. Constituent Society Representation at the State Meeting:

RESOLVED, (a) That the Council of the State Medical Society and the officers of constituent societies, meeting in joint session, unanimously endorse and approve the policy of the State Society's including in the program of annual meetings arrangements for one or two joint meetings between the council and the officers of constituent societies as part of the official program. It is understood that this will necessitate the presence at each State meeting of the officers of each constituent society in an official capacity;

(b) That care be used in the selection of delegates and alternates of constituent societies to the State meetings, so that the House of Delegates may be truly representative; and that it be interpreted as a most important public duty for the delegates and alternates to attend the State meetings; and

(c) That, whenever the officially elected delegates and alternates fail to attend the State meeting for any legitimate reason, the president or secretary of the society, who will be present in another official capacity, may act as delegate.

3. Change of Officers:

RESOLVED, (a) That this joint meeting go on record as unanimously in favor of a policy that will insure, as far as may be, a fair degree of permanency in the secretary's office of constituent societies. To this end, it is our opinion and our recommendation that constituent societies select their secretaries with the greatest care and that frequent changes in this office be avoided.

(b) In order further to secure consecutive policy in the constituent societies, we recommend that all constituent societies elect in addition to the secretary an assistant secretary, who shall be an understudy to the secretary and who for any legitimate reason shall assume the duties of secretary.

4. Training of Officers for Medical Organization Purposes:

(a) This body unanimously recommends that the State Society prepare an adequate outline of the duties of president, vice-president and secretary-treasurer of constituent societies, and that the state secretary be requested to present this program at the next meeting of this joint body for consideration.

(b) In order that officers of the State and constituent societies may serve their purpose in the most useful way, we recommend that it be part of the official duty of officers of constituent societies when in San Francisco to visit the state offices for the discussion of special problems peculiar to our organization.

5. Stated Meetings of the State and Constituent Society Officers:

RESOLVED, That this body unanimously endorses and approves the policy of definite meetings of state and constituent society officers as follows: One or two meetings at and during the annual meeting and one midyear meeting, to be held alternate years in Los Angeles and San Francisco.

6. Program Arrangements for Constituent Societies.

RESOLVED (a) That each constituent society prepare and execute each year one special program; that this program be sent to the state secretary, who will give it publicity, with the hope that it will be taken in toto as the program of another society;

(b) That the program committee of the State Society be requested to prepare and issue to all societies one or more uniform programs, to be discussed at the same monthly meeting by every

society in the state. These programs should relate to subjects of importance to all members of the profession;

(c) That it be understood to be a duty of the councilor for each councilor district to visit at least one meeting a year of each constituent society within his district; and that he, in the discharge of this duty, should arrange with the secretary of the society to be visited for the program for that particular meeting; provided, that each councilor report on the execution of this part of the program at the state meeting;

(d) That the policy of a certain number of open meetings for each constituent society is approved and recommended. In the opinion of this body each constituent society should hold not less than one nor more than three open meetings a year, to which the general public shall be invited and which may or may not include speakers not medical men. In our opinion programs of this character should have the approval of the state program committee before being given;

(e) That the county program committee should seriously consider, at least in small counties, variations in the location of the meeting place, using different towns in the county for different meetings, and often in smaller places holding the meetings at the residences of individual members;

(f) Joint meeting of more than one society. This body approves as good policy an occasional joint meeting between small groups of constituent societies suitably located for this purpose. Programs at these meetings may be held either by one society, with the other societies as guests, or arrangements may be made for a combined program in which each of the societies of the group shall be interested;

(g) That the program committee of the State Society, under the chairmanship of the secretary, be used as a clearing house for all program work of constituent societies throughout the state; that it be interpreted to be a duty of the state and local secretaries to confer by correspondence or otherwise in making plans for advance programs; and that each constituent society have a list of programs as far as possible in advance of the meetings.

7. Extension Work of the State Society:

RESOLVED, That this body endorses and approves the idea of the State Society's developing and maintaining an extension program that will provide a list of available subjects and speakers, from which local program committees may select and extend invitations as they desire.

RESOLVED, That we urge and recommend that this extension program be expanded to include clinics, lectures, research work, etc., in the larger centers this program to be arranged in short all-day courses of from one to four weeks each, beginning and ending upon definite dates.

8. County Editors:

RESOLVED, That this body recommend to the Council: that the present system of county associate editors for the State Journal be discontinued, and that instead the secretary of each constituent society ex-officio act as editor for his county or district.

REPORT OF THE BOARD OF MEDICAL EXAMINERS

The Board of Medical Examiners of the State of California held a regular meeting in Los Angeles February 13 to 16.

Some seventy-seven applicants appeared for the written examination, of which approximately seventeen holders of drugless practitioners' certificates qualified for the six subject advanced examination for a physician and surgeons' certificate. Eleven graduates of various drugless and chiropractic schools, including the Western School of Chiropractic, California School of Chiropractic, National School of Chiropractic and Los Angeles School of Chiropractic, wrote the examination for a drugless practitioner's certificate and twelve Japanese midwives wrote the examination for a certificate to practice midwifery.

The board endeavored to bring this examination to the attention of those graduates of chiropractic schools now practicing in California in violation of the law, hoping that a larger number than wrote the examination would be able to fulfill the statutory requirements for admission to examination, i. e.:

1. A California high school education or its equivalent.

2. Two thousand hours' education in subjects specified in the Medical Practice Act covering a period of two terms of thirty-two weeks each.

3. A diploma from a legally chartered teaching institution, giving the required course of instruction.

4. Satisfactory evidence of good moral character.

The chiropractic organization promoting the publicity for the initiative, which will appear on the ballot at the next November election, whereunder it is proposed to create a separate chiropractic board with provisions for the wholesale licensing of those now practicing chiropractic in California, waged an active campaign to intimidate the qualified chiropractors so that they would be fearful of filing an application with the Board of Medical Examiners.

A considerable number of physicians and surgeons licensed in other States qualified for direct reciprocity certificates, while some thirty-five or more successfully passed the oral examination, as required under Section 13, of those who base their application on a certificate issued by some other state prior to August 1, 1901. Reciprocity certificates were also issued to a number of graduates of osteopathic schools who presented a license issued by some other state or territory of the United States, fulfilling the statutory requirement under Section 13.

Eight of those licensed to practice osteopathy in the State of California availed themselves of the opportunity offered under Section 12½ of the Medical Act. All successfully passed the oral examination required thereunder and will be issued a physician and surgeon certificate.

The usual number of legal hearings were held and resulted in the revocation of the licenses of Jacob L. Arbogast,* M. D., Sacramento, and Lawrence S. Bartlett, M. D., San Francisco, both charged with violation of the State Narcotic Act; Charles E. Marsh (Naturopath), San Diego, and Frederick N. Staples, M. D., Los Angeles, both charged with performing an illegal operation; Holmes F. Troutman, M. D., Oakland, now incarcerated in San Quentin Prison, had his license revoked on the record of his conviction for a crime involving moral turpitude. The license of Charles E. Brown, M. D., Fresno, was suspended for a period of one year on a charge of violation of the State Narcotic Act. The board restored the license of Robert Allen Woods, D. O., which was revoked at the February (1921) meeting on a charge of violation of the ninth subdivision of Section 12.

Those licentiates who plead guilty to a charge of violation of the State Pharmacy Act in connection with dispensing or selling narcotics often claim they have no knowledge that such a plea establishes grounds for the revocation of their license issued by the Board of Medical Examiners, hence it is advisable to give this fact as wide publicity as possible.

The results of the written examination show the following applicants passed the examination:

1—For Physician's and Surgeon's Certificate—Elizabeth Blake, Georgia M. Clark, George H. Cook, Curtis E. Decker, Robert J. Dixon, Frederick D. Facey, Thomas R. Haig, James M. Huston, Joseph Jellinek, Winifred W. Jenney, Harry M. Kanner, Benjamin Katz, George M. Landrock, Mary L. LeClere, Ernest G. Motley, Gerald K. Nider, B. C. N. O'Reilly, Evangelin N. Percival, Abilio G. Das. Reis, Herman F. Rey, John M. Schmoele, B. V. Scott, Kenneth E. Smlley, Edwin C. Sorensen, Wm. McLean Thomas, Bion S. Warner, Leonard Woods.

2—For Druggist Practitioner's Certificate—Hannah L. Cater, Rowland H. Frazier, Alfred Harlow, Myrtle S. Johnson, Simon L. Nord, Joseph A. Sanford.

3—Certificates were also granted applicants on Government credentials (Section 12) as follows: Royal R. Baronides, James D. Bobbitt, Harvey R. McAllister.

The next regular meeting will be held in Native Sons' Hall, San Francisco, June 26 to 29, 1922, with the annual meeting scheduled at the State capitol, Sacramento, October 16 to 19, 1922.

The annual report of the Secretary-Treasurer covering the various activities of the board for the year 1921 will be published in the forthcoming issue of the Directory of those licensed under the Medical Practice Act of the State of California.

* Revocation set aside at April, 1922, meeting pending rehearing at June, 1922, meeting.

COUNTY SOCIETIES

Alameda County Medical Association (reported by C. L. McVey, secretary)—The March meeting was held March 20 at the Public Health Center. Rabbi Coffey addressed the meeting regarding the revision of the "Marriage Law" in the state of California. Rabbi Coffey's remarks were discussed by the members and suggestions were made that the society consider the advisability of endorsing the proposed changes in the law.

Henry Petray addressed the meeting in regard to a new physicians' and dentists' office building to be located in Oakland.

Rothganger presented a case of fracture of the leg, complicated with a brachial plexus, palsy or Klumpke paralysis.

Hayward Thomas read a paper on the new surgical treatment of acute mastoiditis. He also considered the question of removal of tonsils and adenoids during the period of acute inflammation.

Nutting read a report of the eye findings in fifty consecutive cases of influenza.

McNaught read a paper on the relations of laryngology, rhinology and otology to general medicine.

S. F. Worswick spoke upon the methods used in the manufacture of clinical thermometers.

Fresno County Medical Society (reported by Thomas F. Madden, secretary)—The evening of March 25 was spent with the State Secretary as our guest, and those members who were absent will never know how much they missed. By all of those present it was voted the most instructive meeting we have ever attended. More of such gatherings are sure to follow and the Council of the State Society is to be highly commended for instituting this character of extension work.

The regular April meeting was held in the Commercial Club on April 4 with the following members present: G. W. Walker, McKinney, Robinson, Ransom, Steinwand, Brown, Miller, Stein, Vanderburgh, Pettis, Aller, McConnell, J. R. Walker, Barrett, Ellsworth, Cross, Cowan, Morgan, Schiro, Tupper, Collins, Schottstaedt, Trowbridge, Divanovich, Manson, Lamkin, Jorgensen, Robbins, Stanford, Tillman, Bell; McNamara of Bakersfield, Paine of Exeter and Dearborn of Madera.

Emmet Rixford of San Francisco discussed the subject of gastric and duodenal ulcers and carcinoma, including symptomatology and treatment with special reference to gastrectomy and gastroenterostomy. Rixford's paper was discussed by Pettis, Stanford, Cross and G. W. Walker.

Clinical cases were presented by D. H. Trowbridge.

On Tuesday evening, April 11, the regular meeting of the staff of the Fresno County Hospital was held at the hospital. T. Floyd Bell presented a paper on neuro-syphilis. The eye signs were discussed by T. F. Madden.

Glenn County Medical Society (reported by C. L. Terrill, secretary)—The society met at the Willows Sanitarium on March 21. Officers were elected for the year 1922 as follows: Etta Lund, president; C. L. Terrill, secretary-treasurer; delegate to State meeting in Yosemite, Etta Lund, with T. H. Brown, alternate.

J. L. Rawhauser of Willows has been appointed city health officer for 1922.

Madera County Medical Society (reported by Ray R. Dearborn, secretary)—This new society took the preliminary steps in organization at a meeting on March 28 in Madera. The secretary of the State Society was present and presided at the meeting. Dow H. Ransom was elected president; G. G. Hawkins, vice-president; Ray R. Dearborn, secretary-treasurer; C. L. A. Rinker, Smith A. Quimby and George G. Hawkins, members of the advisory board. Ransom was also elected delegate to the State meeting. Charter members in this youngest society are: John Allen and E. B. Allen of Raymond, and G. G. Hawkins, C. A. Robinson, C. L. A. Rinker, Smith A. Quimby, L. J. Calahan, Mary R. Butin and D. H. Ransom of Madera.

The society tentatively adopted the ideal constitution and by-laws for county societies as approved by the A. M. A.

Merced County (reported by Brett Davis, secretary)—The March meeting was held in the office of Brett Davis, the secretary, on March 28. Max Rothschild of San Francisco gave a talk, illustrated with lantern slides, on "Tuberculosis: Its Treatment with Partial Antigens." Rothschild divided tuberculosis into two classes: exudative and productive. These can be differentiated not only by physical examination, but by their reactions to injections of old tuberculin. The exudative type gives a slow reaction, lasting up to two weeks, with fever, while in the productive type the reaction is much more rapid and fever lasts only a few days. The speaker showed lantern slides illustrating the definite therapeutic value of artificial pneumothorax and also of the promising results of treatment by partial antigen.

The secretary of the State Society held an informal conference with the members of the society on matters pertaining to the welfare of medicine for the public and for the physicians.

San Bernardino County Medical Society (reported by E. J. Eytinge, secretary)—The April meeting of the society was held in Redlands on the 4th with 25 members and 10 visitors present and 45 members absent. Alfred R. Roos was elected to membership and L. P. Barbour resigned. E. J. Eytinge read a paper on "Diversion of the Urinary Stream in Cancer of the Bladder," which was discussed by L. M. Coy. Henry Snure of Los Angeles presented the subject of "Pyelograms—Exhibition of Plates and Discussion of Their Interpretation and Value," discussed by Frank Folkins. A. B. Cecil of Los Angeles presented the subject of "One Hundred Consecutive Perineal Prostatectomies: a Critical Review." Discussion was opened by E. J. Eytinge.

The secretary's office is making strenuous efforts to enroll every eligible physician in San Bernardino as a society member.

San Diego County (reported by Robert Pollok, M. D.)—Recent meetings of the San Diego County Medical Society have been featured by the following papers: First: Renal Stone in a Lone Functioning Kidney, with report of case—L. H. Redelings, M. D. Second: Progress in Pediatrics—A. J. Thornton, M. D. Third: Appendicitis in the Female—H. P. Newman, M. D.

The Southern California Medical Society held its sixty-sixth semi-annual meeting in San Diego, on Friday and Saturday, April 7 and 8. The program was one of unusual excellence, and the spirit pervading the discussions in this society is extremely commendable. Every section of the country needs just such a society as this to offset the disadvantages of too much sectionalism in the program.

The medical library, true to library traditions, is finding it necessary to build in further bookstacks.

The second quarterly meeting of the board of directors of the library was held in the library rooms on Monday, April 10.

The San Diego Society is planning a liberal representation at the Yosemite meeting of the State Society in May.

San Francisco County Medical Society (reported by LeRoy H. Briggs, secretary)—There were three meetings during the month of March. The general meeting on Tuesday, March 14, was devoted to discussion of the various aspects of appendicitis by I. S. Ingber, H. P. Hill and J. F. Cowan. The meeting on Tuesday, March 21, was the monthly meeting of the section on industrial medicine. At this meeting papers were read by C. L. Hoag, Sterling Bunnell, and J. M. Hamblin. The meeting on Tuesday, March 28, was by the section on eye, ear, nose, and throat. Papers were presented by E. C. Sewall, J. A. Bacher, A. J. Houston, J. H. McClelland, and W. F. Blake.

The San Francisco Hospital Colloquia (reported by Julian M. Wolfsohn).

1. **Tabes Dorsalis with Gastric Crises Complicated by Gastric Ulcer**—The patient, a woman, 36, was operated two and one-half years ago for gastric ulcer. The symptoms preceding operation were pain in the epigastric region, severe after meals and accompanied by vomiting of blood. The diagnosis was supported by X-ray findings and confirmed by operation.

On January 15 the patient again complained of epigastric pain extending down and around the abdomen to the back and accompanied by continual vomiting, nausea, retching. This attack had continued for two weeks at the time of the examination.

Examination disclosed Argyl Robertson pupils, anisocoria, left pupil smaller than the right. The gait was normal with the eyes closed. No Rombergism, but there was slight unsteadiness in walking backwards. No ataxia. Cranial nerves negative aside from the Argyl Robertson pupils. No analgesia in the distribution of the fifth nerve about the top of the nose. Motor system normal.

There was paraesthesia around the abdomen with pain in the pit of the stomach; analgesia from the first cervical segment below; no tactile anaesthesia; no disturbance of joint sense of big toes, diminished vibratory sense, and diminished deep sensibility; cerebro spinal fluid chemical and cytological tests negative; Wassermann x x; X-ray showed patent jejunum.

2. **Tabes Dorsalis with Ataxia**—An actor, age 46, more or less a drinker of spirits, was well until four years ago, when he suddenly became weak in his knees and fell to the ground. Upon regaining his feet he found that he staggered, and since that time has been unable to walk steadily.

No history of lancinating pain since the onset; but has had considerable painful tactile sensation over the body, worse in the lumbar region, spine, fingers, and feet. For three years has had diplopia and obstinate constipation has been present.

Examination shows marked sluggishness of both pupils to light; good accommodation; knee jerks sluggish; left ankle jerk absent, the right just obtained; no tenderness of calves to pressure; touching the skin very lightly in any part of the body causes considerable dysaesthesia in the form of painful sensations. There is no anaesthesia, but disturbance in the joint sense of the big toe; gait markedly ataxic; marked muscular hypotension; advanced Rombergism; more ataxia in the lower limbs than in the upper limbs; cerebro spinal fluid negative to chemical and cytological tests; Wassermann negative.

3. **Discussion**—The patient with gastric crises is especially interesting, because the association of gastric ulcer, which has been proved by operation, and gastric ulcer is extremely rare. Recent X-ray taken during the attack showed a spastic condition of the stomach with no other abnormality than the opening into the jejunum which was made during a previous operation.

The character of the pain, vomiting, and nausea; the fact that there were girdle sensations with the analgesia around the trunk, and especially the presence of a hyperalgesic zone to pressure just to the left of the fifth dorsal spine relegated this disturbance to the role of a gastric crises.

The attack lasted two weeks and then subsided completely. It is also interesting to note that gastric crises are usually not attended by much ataxia. This patient demonstrated the fact very well. The extent of analgesia is also worth noting because practically the whole body above the upper cervical segment is devoid of pain sensibility.

The second patient illustrates another tabetic condition. Very marked ataxia, but no lancinating pains, gastric crises, or girdle sensation. There was some disasthesia with loss of deep muscle sensibility resulting in clumsiness of movement and ataxia. Richter found, after examining a very large number of these cases histologically, that the area Nageotte was invaded by embryonic granulation tissue in which was found the living spirochaete. The pia-arachnoid protecting more fully the anterior root than the posterior root, rendering the latter more vulnerable to the toxins elaborated.

Degeneration within the spinal cord, and the posterior root zones is because there is no regeneration of the myelin in degenerating nerve fibers within the spinal cord due, most probably, to the absence of the sheath of Schwann.

San Luis Obispo County Medical Society (reported by G. David Kelker, Paso Robles)—The March meeting of the society was held at the Hotel Paso Robles March 9. After a very enjoyable dinner, Dr. Musgrave, secretary of the State Medical Society, presented to the members and guests some of the problems of the medical profession as a whole, and discussed in an informal conference way the local problems in hospitals, medicine, and public health of San Luis Obispo County.

March 10 was devoted to hospital work in Atascadero and San Luis Obispo, and another meeting of the county society was held in the latter city on the evening of the 10th.

The officers of the society for the year 1922 are Byron Y. Miller, president; Charles P. Proudfoot, vice-president, and G. L. Sobey, secretary-treasurer.

Santa Barbara County Medical Society (reported by A. C. Soper, secretary)—There were meetings of the society on March 11 and March 27, both meetings being held at the Cottage Hospital. At the meeting on March 11, W. E. Musgrave, secretary of the State Society, discussed the important problems confronting the medical profession. The meeting was essentially an informal question and answer conference, and many subjects of vital importance to the profession as a whole and to the local medical men in particular were discussed.

At the meeting on March 27, W. D. Sansum presented a paper on "Dietary Management of Nephritis." H. L. Schurmeier's paper was on "Congenital Deformities."

On Monday evening, March 20, many members of the society attended the lecture by Mr. Harold Bayne on "The Truth About Vivisection."

Santa Clara County Society (reported by E. P. Cook, secretary)—The March meeting of the so-

ciety was held at the Santa Clara County Hospital on March 15, with about forty members present. Doxey Wilson spoke briefly of the growth of the County Hospital and showed graphic charts representing the growth of the hospital and the clinic, with the distribution of cases and ages of patients admitted.

Mr. A. B. Wastell, executive secretary of the San Jose Hospital, spoke briefly regarding the local hospital day to be held on March 20, on which date ground was to be broken for the new San Jose Hospital.

J. B. Bullitt presented a child with a large vascular nevus on the body which he was treating by means of X-ray and radium.

Frederick Curtiss discussed the technique of mandibular injection, with its resulting area of anesthesia.

Louis Boonshaft discussed artificial pneumothorax, at the same time demonstrating the method on a patient.

Doxey Wilson presented a patient whom the members of the society saw one year ago, shortly following the removal of a large portion of the large intestine and a small portion of the small intestine.

George A. Gray read a paper on the non-surgical drainage of the gall-bladder and demonstrated the method.

E. P. Cook discussed the various uses of the puncture of the longitudinal sinus in infants and demonstrated the method of obtaining blood via this route.

Stanislaus County (reported by R. E. Maxwell, secretary)—R. E. Maxwell of Modesto has been appointed county physician and health officer of Stanislaus County to succeed J. L. Hennemuth, who has acted in this capacity for nine years.

Tulare County Medical Society (reported by Elmo R. Zumwalt, secretary)—The medical society met at Hotel Johnson, Visalia, on March 23. The meeting opened with a dinner at which were present twenty-six out of thirty-seven members and six guests. The following officers were elected for the current year: A. W. Preston, president; C. A. Tillotson, vice-president; E. R. Zumwalt, secretary-treasurer; Austin Miller, delegate to State meeting in Yosemite and C. A. Tillotson, alternate.

J. N. Blood was admitted to membership in the society.

W. E. Musgrave, secretary to the State Society, was present and held an informal conference on subjects of importance to medical men everywhere. A question and answer conference about local conditions in Tulare County was continued until very late in the evening. The constituent societies of the state will surely profit by this visit of the state secretary and it will be stimulating to that spirit of co-operation necessary to us all.

The health center clinic and hospital at Visalia is now operating.

Men who have spent many years in securing their legitimate education as physicians, as well as the best element of the citizens of Tulare County, are very much pleased and gratified over the decision of Judge Wallace in sentencing an unlicensed chiropractor to a fine of \$500 or an extended jail sentence.

Physician Wanted for Atwater, California—Atwater is a town of 700 inhabitants, located seven miles from Merced. Private offices have been fixed up for a physician and a dentist. The dentist is already located in the town. Any physician interested in the proposition should write to Chadwick & Chadwick, Atwater, California.

ST. LOUIS MEETING OF THE AMERICAN MEDICAL ASSOCIATION

The American Medical Association is a scientific organization, but is composed of members with more than the average amount of "humanity" in their makeup, with social elements too long repressed. These members are weary from bearing the responsibility of many human lives. Instead of having play time they have become public teachers with no recess. The local entertainment committee of the A. M. A. have been busy preparing to show these visitors true St. Louis hospitality and to provide for them such diversions as will be both restful and entertaining.

The golfers will arrive early, in order to participate in the annual tournament on Monday, May 22. Tuesday evening the opening meeting will be held in the Odeon, and arrangements are being made to have the music and addresses transmitted by radio to various parts of the city and to distant cities.

Wednesday evening is given over to banquets such as Alumni, Fraternal, Sectional, etc. On this evening, provision is being made to entertain the visiting ladies and those doctors who are not engaged at the Alumni and Fraternity dinners at one of St. Louis' noted moving picture shows, with special musical and other features for the occasion.

On Thursday afternoon the medical department of Washington University is giving a special Tea on the grounds of the institution. Thursday evening will be given over entirely to the President's reception and it is hoped that as many as possible of the doctors and their ladies will grace the occasion with their presence.

The committee, after visiting the offices of the Mayor and the Director of Public Welfare and being assured of their co-operation, have decided to reserve until Friday evening the chief feature of their entertainment by giving a special program for the entire association in the unique open-air Municipal opera house, which has a comfortable seating capacity of ten thousand. The location of the opera house in the heart of Forest Park, with its special lighting effect made possible by the natural foliage of the forest, can be appreciated only by those who visit it at night. It is the hope of the committee that every visitor at the convention will remain in St. Louis through Friday evening.

The Ladies Entertainment Committee, under the leadership of Mrs. Willard Bartlett, has arranged to take immediate charge of every lady visitor who may be persuaded to accompany the medical member of the family to the convention. They need have no fear of being left alone while the doctor is attending the scientific meetings for practically every hour of their time has been arranged for and it is hoped that many more ladies than usual will visit the "City of Homes"—"The Friendly City."

* A special visit to Missouri's Botanical Gardens is being arranged, and will be an important item in the entertainment program. Among other features to be shown will be an old Italian herb garden. St. Louis is justly proud of its world-famous Botanical Garden.

Take the whole week off, Doctor, and spend it in St. Louis. It will be time well spent. You may lose a patient, some may get well during your absence, but your increased vigor when you get back will abundantly make up for any losses. Come to our party for one full week.

Dr. C. E. Burford, 3525 Pine street, is chairman of the Entertainment Committee.

BOOKS RECEIVED

Books received are acknowledged in this column, and such acknowledgment must be regarded as a sufficient return for the courtesy of the sender. Selections will be made for review in the interests of our readers and as space permits.

Infant Feeding. By Clifford G. Grulee, M.D., LL.D., Associate Professor and Acting Head Department of Pediatrics at Rush Medical College. Fourth edition, thoroughly revised. Octavo of 397 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1922. Cloth, \$4.50 net.

Psychoanalysis: Its Theories and Practical Application. By A. A. Brill, Ph.D., M.D. Lecturer on Psychoanalysis and Abnormal Psychology, New York University. Third edition, thoroughly revised. Octavo of 468 pages, Philadelphia and London: W. B. Saunders Company, 1922. Cloth, \$5 net.

A Text-Book of General Bacteriology. By Edwin O. Jordan, Ph.D., Professor of Bacteriology in the University of Chicago and in the Rush Medical College. Seventh edition, thoroughly revised. Octavo of 744 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company. 1921. Cloth, \$5 net.

Clinical Electrocardiography. By Frederick A. Willius, M.D. Section on Clinical Electrocardiography, The Mayo Clinic, Rochester, Minn., and the Mayo Foundation, University of Minnesota. Octavo of 188 pages with 185 illustrations. Philadelphia and London: W. B. Saunders Company, 1922. Cloth, \$5 net.

Diseases of the Eye. A Handbook of Ophthalmic Practice for Students and Practitioners. By George E. deSchweinitz, M.D., LL.D., Professor of Ophthalmology in the University of Pennsylvania. Ninth edition, reset. Octavo of 832 pages with 415 text illustrations and seven colored plates. Philadelphia and London: W. B. Saunders Company, 1921. Cloth, \$10 net.

The Medical Clinics of North America (Issued Serially, one number every other month) Volume V, Number 4, January, 1922. By New York Internists. Octavo of 214 pages, with 38 illustrations. Per clinic year (July, 1921, to May, 1922). Paper, \$12 net; cloth, \$16 net. Philadelphia and London: W. B. Saunders Company.

Clinical Tuberculosis, by Francis Marion Pottenger, A.M., M.D., LL.D., medical director, Pottenger Sanatorium for Diseases of the Lungs and Throat, Monrovia, Cal. With a chapter on laboratory methods by Joseph Elbert Pottenger, A.B., M.D., assistant medical director and director of the laboratory, Pottenger Sanatorium for Diseases of the Lungs and Throat, Monrovia, Cal. Two volumes. Second edition. St. Louis: C. V. Mosby Company, 1922.

The Etiology and Pathology of Typhus. Being the main report of the Typhus Research Commission of the League of Red Cross Societies of Poland. By S. Burt Wolbach, John L. Todd, and Francis W. Palfrey. Published by The League of Red Cross Societies at the Harvard University Press, Cambridge, Mass. 1922.

BOOK REVIEW

Ephraim McDowell, "Father of Ovariectomy" and Founder of Abdominal Surgery. With an appendix on Jane Todd Crawford. By August Schachner, M.D., F.A.C. Philadelphia and London: J. B. Lippincott Company. 1921.

A most interesting and curious study of the life of this surgical pioneer. It should have a special interest to Californians. California pioneers and Kentucky back woodsmen—these were the men who made the first ventures into the unexplored fields of abdominal surgery.

Instead of the Saturday Evening Post take this book with you the next time you spend a few days on a Pullman. L. E.

A Text-Book of Physiology: For Medical Students and Physicians. By William H. Howell, Ph.D., M.D., Professor of Physiology, Johns Hopkins University, Baltimore. Eighth edition, thoroughly revised. Octavo of 1053 pages, 308 illustrations. Philadelphia and London: W. B. Saunders Company. 1921. Cloth, \$6.50.

In this new edition of the standard American text-book, an effort has been made to emphasize the hygienic application of physiology. The book is too good and too well known to need further recommendation. L. E.

The Submucous Resection of the Nasal Septum. By W. Meddaugh Dunning, M.D. New York: Surgery Publishing Company. 1921.

A little monograph on the author's method. Good illustrations and a lot of practical hints but rather scant matter to make a book of. L. E.

Neoplastic Diseases. A treatise on Tumors. By James Ewing, M.D., Sc.D., Professor of Pathology at Cornell University Medical College, New York City. Second edition, revised and enlarged. Octavo of 1054 pages with 514 illustrations. Philadelphia and London: W. B. Saunders Company, 1922. Cloth, \$12 net.

A new edition of what is by far the best book on cancer in the English language. Both text and illustrations make it invaluable to the surgical pathologist. L. E.

The Medical Interpreter. Selected practical foreign medical and surgical literature. By Albert Allemann, A.B., M.D. Chicago: The Medical Interpreter. 1921.

Short articles snatched haphazard from foreign journals dealing on one page with "hair falling," with a recipe for the same, and hemorrhoids; on another with gall-bladders and gleet. The result needs no description. It reminds one of the Universal Encyclopedia and Farmers' Home Companion whose itinerant peddlers grandpa used to impale upon a pitchfork. L. E.

Protein Therapy and Non-specific Resistance. By William F. Petersen, M.D., Associate in Pathology, University of Illinois, College of Medicine, Chicago, Ill. With an introduction by Joseph L. Miller, M.D., Professor of Medicine, Rush Medical College, University of Chicago, Chicago, Ill. New York: Macmillan Company. 1922.

The volume is very complete but the matter of which it treats stands upon so uncertain a foundation that this very detailed work will have but a limited audience. L. E.

NEW MEMBERS

John D. Hartley, San Diego; Thos. F. Thorp, San Juan Bautista; Emma E. McKay, Hollister; Chester W. Merrill, Hollister; Richard W. O'Bannon, Hollister; Joseph M. O'Donnell, Hollister; H. B. Farnsworth, Oakland; Wm. G. Morton, Needles; F. M. Gardner, Loma Linda; E. W. Weirich, Angels Camp; James D. Coyle, Sacramento; H. A. Clattenburg, Folsom; David Cohn, San Francisco; Hiram B. Duncan, San Francisco; Llewellyn L. Jones, San Francisco; Delta R. Olsen, San Francisco; Clifton A. Thomas, San Francisco; Percy A. Millar, San Francisco; Jos. A. Sampson, San Francisco; John D. Humbar, San Francisco; Thos. H. Kelly, San Francisco; N. T. McArthur, Imola; H. R. Coleman, Napa; Francus E. Morgan, Santa Cruz; Dexter N. Richards, Berkeley; Edgar D. Smith, Los Olivos; Amy C. Stevens, San Francisco; Robin L. Richards, San Francisco; John E. Wilson, Los Angeles; R. Umesawa, Los Angeles; Homer S. Wilson, Lankershim; James Johnston, Los Angeles; Florence Keller, Los Angeles; G. F. Harding, Ocean Park; A. V. Stephenson, Long Beach; Frank H. Chase, Los Angeles.

DEATHS

Bolton, Manzanito B. Died in Quincy, Calif., March 27, 1922. Was a graduate of the California Medical College, California, 1899, and licensed same year. Age 44.

Bryant, George Waldo. Died March 14, 1922, in Truckee, Calif. Was a graduate of the California Medical College, California, 1897. Licensed in 1897. Cause of death, influenza.

Bennett, E. G. Died in Petaluma, Calif., February 21, 1922. Age 68. Was a graduate of Rush Medical College, Ill., 1878. Licensed in California, 1898. Was a member of Sonoma County Medical Society.

Cottingham, R. C. Died in San Francisco, March 11, 1922. Was a graduate of the College Medical University of Missouri, at Columbia, 1883. Licensed in California, 1885.

Chapin, J. E. Died in Redwood City, California, March 23, 1922. Was a graduate of the Washington University, St. Louis, Mo., 1909. Licensed in California, 1912. Was a member of San Mateo County Medical Society.

Hardy, Oscar R. Died in Los Angeles, March 5, 1922. Age 41. Was a graduate of Northwestern University Medical School, Chicago, 1912. Licensed in California, 1920.

Jones, Frank C. Died in Los Angeles, March 23, 1922. Was a graduate of the University of Michigan, 1880. Licensed in California, 1914.

Neal, Harrison. Died in San Miguel, Calif., March 11, 1922. Was a graduate of Jefferson Medical College, Pa., 1859. Licensed in California, 1876. Was 87 years old.

Rowland, F. F. Died in Pasadena, Calif., March 12, 1922. Was 74 years old. A graduate of Jefferson Medical College, Pa., 1873. Licensed in California, 1888.